GOOD SAMARITAN HOSPITAL
LOS ANGELES

COMMUNITY BENEFIT
IMPLEMENTATION PLAN
FY 2017

CONTENTS

EXECUTIVE SUMMARY

1. EXECUTIVE SUMMARY

Good Samaritan Hospital is a vital part of the larger community of people who live, work, attend school and/or visit downtown Los Angeles. Recognized by the Los Angeles Downtown News as Best Medical Center in Downtown for 19 years, Good Samaritan Hospital (GSH) values the collaborative relationships and opportunities to address the vast needs of our diverse community. For over 135 years, people have looked to GSH for quality, cost effective health care services. The hospital consistently strives to meet or exceed these expectations and will continue to do so in the future even as the community, the delivery of medical care and the way health care is financed continue to change.

With this 2017 Community Benefit Implementation Plan, GSH will continue to address the findings of our community needs assessment. The plan is an intersection of findings from the community health needs assessment such as demographics, leading causes of death, and prioritized health needs as well as GSH capabilities and commitment to meet those needs.

The Needs Assessment for Good Samaritan Hospital was conducted in collaboration with California Hospital Medical Center and St. Vincent Medical Center.

The Community Needs Assessment process identified the top broad health issues as:
- Access to Care (health insurance, regular source of care, inappropriate use of the ER)
- Care for chronic conditions (diabetes, heart disease)
- Cancer Care
- Disease management and preventive care (patient education, cardiovascular disease, including stroke, breastfeeding, screenings, and vaccinations)
- Community social issues

For needs that are not addressed such as mental health services, education on sexually transmitted infections including HIV, alcohol and substance abuse, and Alzheimer's disease, Good Samaritan Hospital has partnered with several organizations that have this expertise.

The initiatives included in this year's Community Benefit Implementation Plan will require collaboration with many public and private organizations including philanthropic foundations, disease support groups, and governmental programs for the uninsured, community service agencies, local elected officials, security agencies and schools.

For Fiscal Year 2017, the quantifiable community benefits which Good Samaritan Hospital provided totaled $42,079,613, an increase of over 80% from FY 2016 ($23,315,132). The increase between years was largely due to the timing impact of the Quality Assurance Fee (QAF) funding from the State. Total community benefit costs include $34,537,956 on unreimbursed medical care services, $7,011,769 services to vulnerable populations including charity care and $529,888 for health research, education and training. These and other community benefits will continue as outlined in our Charity Care Policy. In addition to these quantifiable benefits, Good Samaritan Hospital provides significant non-quantifiable benefits as a major employer in the community; and through the volunteer and advocacy efforts of its physicians, employees, and Board of Trustees.

GSH's primary service area includes two of the eight Service Planning Areas (SPAs) in the County (SPA 4 and SPA 6). Between 2015 and 2020, the GSH population is expected to grow at a rate twice that of Los Angeles County. From 2010 to 2015, ZIP codes 90010-Wilshire (17.4%), 90017-Downtown Los Angeles (11.9%), and 90014-Los Angeles (10.5%) experienced the highest growth within the service area. By 2020, the population in the GSH service area is expected to increase by approximately 7.3%, which is similar to the recent population trend in the area. The largest population increases are expected to continue in ZIP Codes 90014-Los Angeles (18.0%), 90013-Downtown Los Angeles (15.9%), and 90012- Chinatown (10.5%).

Ethnicity
In 2015, more than half of the population living in the GSH service area was of Hispanic/Latino origin (52.3%), which was slightly higher than Los Angeles County. Asian residents made up the second largest population by ethnicity in the GSH service area (23.3%), a higher percentage than in Los Angeles County (14.0%). The White population as a percentage of the total population in the GSH service area (13.5%) was about half that of Los Angeles County (26.4%). The Black/African-American population in the GSH service area (8.6%) was similar in representation to the rest of Los Angeles County (8.0%).

Age
The GSH service area had a smaller percentage of residents who were under 18 (15.6%) than Los Angeles County (23.0%). Most of the population in the service area was between the ages of 25 and 44 (39.1%). The percent of the GSH service area population over the age of 45 (35.7%) was similar to Los Angeles County (37.5%). Overall, 48.7% of service area population is of childbearing age (between 18 and 44 years of age). The senior population (over 65 years old) in the GSH service area (11.5%) was slightly smaller than in Los Angeles County (12.3%).

ABOUT GOOD SAMARITAN HOSPITAL

2. ABOUT GOOD SAMARITAN HOSPITAL

General Identifying Information

Good Samaritan Hospital is a 408-bed facility located on the western side of downtown Los Angeles adjacent to the Pico-Union-Westlake district. Addressing the health care challenges of the Los Angeles community since 1885, the hospital continues its mission to meet the needs of our patients and their families, the community and our physicians.

The majority of Good Samaritan Hospital's patient population resides in the city of Los Angeles. Of those, almost half come from the hospital's primary service area, within an approximate five-mile radius of Good Samaritan Hospital.

Good Samaritan Hospital is a leader in specialty and tertiary services, and our regional centers of excellence draw patients from all over California, the western states and other countries. GSH addresses the needs of patients, families and the community with a state-of-the-art heart care programs, including cardiology, cardiothoracic surgery and an Acute Myocardial Infarction transport ambulance; a neurosciences program; women's health services, including obstetrics, gynecology, perinatology, neonatal intensive care, gyn-oncology, and breast care; orthopaedic services including sports medicine, joint replacement and spine surgery program; podiatric services; nasal and sinus disorders treatment; ophthalmologic care, including retinal surgery; an oncology program; a transfusion-free medicine and surgery program; emergency services and many other outstanding specialized medical services.

Good Samaritan Hospital's Stroke Program has been certified as a comprehensive stroke center. The recognition means the program has specific abilities to receive and treat the most complex stroke cases. GSH has also achieved Mother Friendly and Baby-Friendly status. These designations highlight our commitment to health promotion, disease prevention as well as medical management.

While Good Samaritan Hospital has historic ties to the Episcopal Church, it is now a non-sectarian, community-governed hospital, with patients, staff and physicians representing a diverse cross-section of Los Angeles. Good Samaritan is a not-for-profit, stand-alone hospital and has approximately 1,400 employees including 500 nurses, and 600 physicians on its medical staff. Charles T. Munger heads the Board of Trustees; Andrew B. Leeka serves as president and chief executive officer; and Todd C. Goodall, vice president of Business Development, is the contact for this Community Benefit Report.

Organizational Structure

As previously noted, the hospital is led by Andrew B. Leeka, President and CEO who reports directly to the Hospital's Board of Trustees. Working very closely with him is our Medical Staff Chair, Allison Hill, M.D.

The President's Council is made up of seven vice-presidents who meet weekly with Mr. Leeka to implement and evaluate hospital activities. Included in the council are the: Vice President of Patient Care Services; Vice President of Information Systems; Vice President of Business Development; Vice President of Development; Vice President of Financial Services, Vice President of Institutional Affiliations, and Vice President of Human Resources.

This report is the product of an ad-hoc task force that met over a several month period. Members included:
- Coralyn AndresTaylor (Community Health Education and Outreach)
- Katrina R. Bada (Manager of Public Relations & Marketing)
- Rosemary Boston (Manager of Cancer Services)
- Esther Duenas (Director of Volunteer Services)
- Jamie Whitcomb (Director, Revenue Management)

Mission Statement *– adopted in 1998, last revised July 2014*

Good Samaritan Hospital is a progressive, tertiary, not-for-profit hospital. Our mission is to provide accessible, quality, cost-effective and compassionate health-care services that meet the needs of our patients and their families, the community and our physicians.

Good Samaritan Hospital's centers of excellence focus on advancing the science of medicine and providing outstanding health care. We will manage our resources responsibly, maintaining the financial viability necessary for success.

Vision Statement *- adopted in 1998, last revised July 2014*

Good Samaritan Hospital will grow into a leading regional health care provider. As we expand the breadth of our services, we will practice continuous quality improvement. We will accomplish our mission by seeking new opportunities and forming alliances with physicians, other health care providers and purchasers of health care services.

We will encourage improvement in the health status of community residents, advocating equal access to necessary care. We will respond to Southern California's health care needs in the most caring, compassionate and efficient manner.

Organizational Values

The leadership and staff at Good Samaritan Hospital recognize the importance in providing accessible, quality, cost-effective, and compassionate health care for our community. To accomplish this mission, we have established the following values:

We maintain the highest level of ethical and professional conduct, treating our patients with dignity and respect.

We, as employees, physicians and volunteers will work as a team to provide outstanding and compassionate care to anyone in need, regardless of race, creed, sex or religion, age, and physical or mental disability.

We constantly strive for excellence in all we do and recognize the importance of creativity and innovation.

We recognize that the care of our patients is our primary responsibility and our reason for existence.

We believe in operating efficiently to ensure fiscal soundness and maintain the viability of this organization.

The values are exemplified by leadership, employees, the medical staff, volunteers, and others with whom we partner to provide services to our patients, and are demonstrated through various policies and programs. These include our team-based leadership structure to implement innovative ways to improve our health care services, our Peak Performance in Practice and Six Sigma Models to continuously improve quality and patient safety, and our hospital-wide customer service initiatives which focus on improving the way in which we interact with each other.

How Mission Statement Supports GSH Community Benefits Plan

The driving force of our mission is to meet the needs of our patients, their families and communities by providing quality and accessible health care services in a manner that uses our resources responsibly. Our outreach and involvement with the community surrounding Good Samaritan Hospital is maintained through efforts to address and resolve problems associated with the unmet medical needs of our local population. Data from our community needs

assessment are presented to the hospital's entire management team and staff so that our care-giving activities can be put into the larger context of serving the community.

For example, our Business Development, Emergency Department, Perinatal Services, Social Services and Community Health Education Departments help plan, develop, implement and evaluate new programs that address community needs. We constantly seek ways to increase access to care based on periodic community needs assessments, the clinical profile of our patients and our health care expertise. Once secured by our business development team, hospital staff pull together to help sponsor, staff health fairs or seminars which are either located on campus or at residential housing or church facilities within neighboring ethnic communities.

As our partners in health care, the medical staff and Good Samaritan Hospital work closely to enhance or create programs that make our services more accessible and beneficial to the community. Physician recruitment efforts focus on increasing access for the underserved, Medi-Cal, and linguistically isolated communities in our service area.

SUMMARY OF FINDINGS FROM COMMUNITY NEEDS ASSESSMENT

3. SUMMARY OF FINDINGS FROM COMMUNITY NEEDS ASSESSMENT

Assessment Process

Collaborative Effort for Needs Assessment Process

Since 1994, nonprofit hospitals in California have been required by Senate Bill 697 to justify their tax exempt status by documenting their commitment to community health. The law calls for hospitals to reaffirm their mission statements supporting community health, conduct a health needs assessment every three years, and develop an annual community benefit plan based on the needs assessment.

The Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010 contain requirements for nonprofit hospitals that are modeled after California's SB 697. The ACA adds a requirement under Section 501(R) of the Internal Revenue Code for nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) at least once every three years with an annual implementation plan. In some cases the new federal mandate provides more specific guidelines with regard to determining health priorities and documenting hospital's health improvement efforts. For instance, the CHNA requires hospitals to collect input from designated representatives (see appendix C) in the community, including public health experts as well as members, representatives or leaders of low-income, minority, and medically underserved populations, and individuals with chronic conditions.

In 2016, Good Samaritan Hospital worked in collaboration with nearby hospitals to develop a community needs assessment based on the health of residents in their collective service areas. This was the fifth time Good Samaritan has participated in a multi-hospital needs assessment. The group of hospitals, called the Metro Collaborative, includes:
- Good Samaritan Hospital
- California Hospital Medical Center
- St. Vincent Medical Center

The CHNA process represented in this report examined both upstream and downstream indicators of population health. Drawing from the County Health Rankings Model framework[1], primary and secondary data were collected for both *health drivers* (social determinants of health) and *health outcomes* (indicators of morbidity and mortality). Together, *health drivers* and *health outcomes* are referred to as *health needs* for the purpose of this report.

1. Obesity/Overweight
2. Homelessness
3. Poverty (including unemployment)
4. Diabetes
5. Mental Health
6. Violence and Injury
7. Oral Health
8. Preventive Care
9. Food Insecurity
10. Alcohol, Substance Abuse and Tobacco Use
11. Cardiovascular Disease including Hypertension and High Cholesterol
12. Access to Care
13. Healthy Behaviors (including Physical Activity)
14. Cultural and Linguistic Barriers
15. Transportation
16. Cancer
17. Sexually Transmitted Diseases

(See Appendix D for definitions of prioritized Health Needs)

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[1] County Health Rankings Model developed by the University of Wisconsin-Madison Population Health Institute: http://www.countyhealthrankings.org/our-approach.

Primary Data—Community Input

Primary data were collected through interviews and focus groups with key stakeholders including patients, patient navigators, community liaisons and hospital administrators. Two community focus groups held on Tuesday August 16 and Tuesday August 30, 2016 were attended by a total of 21 people. Participants were invited by the Metro Hospital Collaborative. For a list of stakeholders and data sources please go to Appendix C.

Focus group members participated in an exercise to prioritize a list of most important health needs (comprised of health drivers and health outcomes, per the County Health Rankings Model. For the purpose of the prioritizing activity, severity was defined as the level to which a health outcome or health driver affected the health and lives of those in the community.

In addition to focus group interviews, in-depth semi-structured interviews were conducted with 5 key stakeholders in August 2016. Qualitative feedback from both the focus groups and individual interviews are incorporated in the Stakeholder Feedback sections below each Health Outcome.

The goal of the primary data collection component of the CHNA was to identify through the perceptions and knowledge of varied and multiple stakeholders health outcomes and drivers that are of particular concern to the service area community. Primary data collection also produced a list of community assets and information about gaps in resources.

Secondary Data – Literature Review

The CHNA included the collection of over 200 data indicators that helped illustrate the health of the community. These secondary data were collected from a wide range of local, county, state and national sources to present demographics, mortality, morbidity, health behaviors, clinical care, social and economic factors, and physical environment (**See Appendix C Stake Holders and Data Sources**). These categories are based on the County Health Rankings Model. [2]

The County Health Rankings Model illustrates the relationship between **health drivers** which include social and economic factors, health behaviors, clinical care and physical environment, and **health outcomes** (morbidity and mortality). Combined, **health drivers** and **health outcomes** are **health needs**.

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[2] University of Wisconsin Population Health Institute: http://www.countyhealthrankings.org/our-approach.

Demographics of Service Area

A description of the community serviced by GSH is provided in the following data tables and narrative. All data provided in the table below are presented by ZIP code.

2015

66.5% have limited English proficiency	**52.3%** of service area population is Hispanic/Latino	**48.7%** are between 18-44 years old*	**34.4%** age 25+ don't have a high school diploma	**25.1%** of residents live below Federal Poverty Level**	**7.9%** of individuals were unemployed in 2015 (rate=8.6)
*Reflects largest age group of the service area population			****For 2015, the Federal Poverty Level (FPL) for one person was $11,770 and $24,250 for a family of four**		

Population Data

Geographic Area	2015 Service Area Population	% Hispanic	% Asian	% White/Caucasian	% African American
GSH Service Area	532,246	52.3	23.3	13.5	8.6
LA County	10,136,509	48.8	14.0	26.4	8.0

The GSH population is expected to grow at a rate twice that of Los Angeles County between 2015-2020. From 2010 to 2015, ZIP codes 90010-Wilshire (17.4%), 90017-Downtown Los Angeles (11.9%), and 90014-Los Angeles (10.5%) experienced the highest growth within the service area.

By 2020, the population in the GSH service area is expected to increase by approximately 7.3%, which is similar to the recent population trend in the area.

Age

Overall, 48.7% of service area population is of childbearing age (between 18 and 44 years of age). The GSH service area had a smaller percentage of residents who were under 18 (15.6%) than Los Angeles County (23.0%). Most of the population in the service area was between the ages of 25 and 44 (39.1%). The percent of the GSH service area population over the age of 45 (35.7) was similar to Los Angeles County (37.5%). In addition, the senior population (over 65 years old) in the GSH service area (11.5%) was slightly smaller than in Los Angeles county (12.3%).

Household Income

A higher percentage of households in the GSH service area are earning an average income of less than $15,000 (26.5%) than in Los Angeles County (13.1%). Similarly, approximately two-thirds (66.5%) of the GSH service area population has a household income less than $50,000, a much higher percentage than in Los Angeles County (46.9%). (See Appendix E)

For 2016, the percentage of families living below poverty in GSH service area was 25.1% compared to 14.9% in LA County as a whole.

Uninsured Adults

In 2014 in the GSH service area, 26.6% of adults did not have health insurance (or were uninsured) — which is significantly higher than the percentage of uninsured adults in Los Angeles County (16.1%).

Births & Breastfeeding

- In 2012, there was a total of 503,788 births in California, of which 1.3% (n=6,424) took place in the GSH service area. In particular, ZIP codes 90006-Pico Heights (908), 90004-Hancock Park (804), 90026-Echo Park (765) and 90057-Westlake (750) had the most births.
- By ethnicity, most births in the GSH service area in 2012 were to Hispanic mothers (66.8%) followed by Asian mothers (17.8%), both of which were higher than percentages reflected throughout Los Angeles County (57.6% and 14.8% respectively). In contrast, the percentage of white mothers(6.6%) who gave birth in the GSH service area was significantly less than Los Angeles County (17.4%).
- In 2012 in the GSH service area, 394 babies were born with low birth weight (6.1% of all births) and another 76 with very low birth weight (1.2% of all

births). Seven percent of live births in Los Angeles County are very low birth weight.[3]

- Low birth weight infants are also more likely to experience long-range developmental and physical health problems including: diabetes, heart disease, high blood pressure, metabolic syndrome and obesity.[4]

- In 2015, 97.7% of the 2,941 babies born at GSH were breastfed while in the hospital (measured between 24 and 48 hours after birth), a much higher percent than the Healthy People 2020 goal of 81.9% and the average for Los Angeles County where less than nine out of ten (87%) mothers initiate breastfeeding their infants. At GSH, over half of babies born in 2015 (55.3%) were exclusively breastfed during the initial 24-48 hours in the hospital. [5]

- **Stakeholders insight on Breastfeeding**
  - Many employers do not provide supportive resources that would encourage continued breastfeeding once a woman returns to work.
  - Finally, among the service population especially Latina women, formula feeding carries a high social value and is perceived as reflecting a high social status. For this reason, many women opt to formula feed even though breastfeeding is a healthier option for mothers, babies and the broader community.

Causes of Death

- Cardiovascular disease (including heart disease, stroke and hypertension) is the leading cause of death in the GSH service area (34.9%).
- Cancer (23.0%) was the second leading cause of death in the GSH service area.
- Residents in the GSH service area experienced a higher percentage of deaths caused by influenza/pneumonia (5.8%) and diabetes (4.6%) than Los Angeles County residents (3.5% and 3.4%, respectively).

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[3] (Los Angeles County Department of Public Health Community Health Assessment, 2015.)
[4] (March of Dimes, Low Birth weight. Available at: http://www.marchofdimes.org/complications/low-birthweight.aspx#. Accessed October 26, 2016)
[5] *(California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2015)*

Highlights of Key Findings

In accordance with its resources and expertise, Good Samaritan Hospital prioritized from among these health needs and health drivers the areas it can have the greatest impact:

- Health Care Access (health insurance, regular source of care, inappropriate utilization of the ER)
- Care for Chronic Conditions (heart disease, diabetes)
- Cancer Care
- Disease Management and Preventive Care (patient education, cardiovascular disease, including stroke, breastfeeding, screenings, and vaccinations)
- Community/Social Issues

The goal of Good Samaritan Hospital is to address most of the needs of the community. However there are some health needs that are not addressed because they do not fit within the hospital's scope of services or expertise. These include mental health services, HIV/AIDS and other sexually transmitted infections, and Alzheimer's disease. The primary factors contributing to this decision include: (1) lack of expertise; (2) limited resources; and, (3) the availability of other providers in the community with more capacity/expertise to address these needs.

Good Samaritan Hospital has established referral and collaborative relationships with the following organizations that have capabilities to provide the services that are not available in the hospital. These organizations include:

- Amanecer (Mental Health Services)
- Beacon House (Alcohol and Substance Abuse)
- Bimini (Alcohol and Substance Abuse)
- California Drug Rehabilitation Center Hotline (Alcohol and Substance Abuse)
- Clare Foundation, Cocaine Anonymous (Substance Abuse)
- Department of Mental Health (Mental Health)
- Marijuana Anonymous (Substance Abuse)

Health Care Access

Access to health care services is a concept that encompasses one's ability to afford health care, navigate the health care system, access a health care location where needed services are provided and find a health care provider with whom one can communicate and build trust.[6] Access to health care impacts overall physical, social, and mental health status, the prevention of disease and disability, the detection and treatment of health conditions, quality of life, preventable death and life expectancy for individuals.[7]

Access to primary and specialty health care services is a significant issue faced by patients and providers in the hospital service area. Whether or not one has insurance and the kind of insurance greatly influences one's ability to access primary and specialty care. In addition, various cultural factors create barriers to access including language barriers and fear of deportation.

The Affordable Care Act (ACA) has increased the availability of Medi-Cal and private insurance through the State Health Insurance Exchange. Still, the lack of insurance will be a continuing problem for the large percentage of undocumented residents in the service area.

Increasing access to health care will continue to be a focus of our Community Benefit Implementation Plan. This is also in alignment with the Los Angeles County 2015-2020, Community Health Improvement Plan which identifies Priority Area 1 to Increase Prevention to Improve Health Goal 1.2: Increase Access to Care (medical, clinical preventive services, mental health, dental)

SUMMARY OF KEY FINDINGS

- In 2012, a lower percentage of individuals in the GSH service area benefited from Medicare (0.8%) than in Los Angeles County (1.3%). This may be due in part to a smaller percentage of adults over 65 years of age who live in the GSH service area compared to LA County as a whole. In contrast, a higher percentage of the population living in GSH's service area received Medicaid (24.4%) than in Los Angeles County (19.2%). In addition, the service area population had a higher percentage of individuals using both Medicare and Medicaid (5.1%) than the rest of Los Angeles County (3.5%).

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[6] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1. Accessed [August 1, 2016].
[7] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1. Accessed [August 1, 2016].

- In 2011, 6.9% of the GSH service area population benefitted from using Medi-Cal while 3.4% were enrolled in Healthy Families.
- In 2014 in the GSH service area, 26.6% of adults did not have health insurance — which is significantly higher than the percentage of uninsured adults in Los Angeles County (16.1%).
- In 2015, the GSH service area had a higher percentage of adults (23.1%) who lacked a consistent source of primary care than Los Angeles County (19.7%).
- In 2015, the GSH service area population had a higher percentage of adults (29.3%) experience difficulty in accessing medical care than the total population of Los Angeles County (23.6%). Similarly, a higher percentage (14.6%) of children in the GSH service area had difficulty accessing medical care in comparison to Los Angeles County (11.0%).

Barriers to Access
- Many patients lack knowledge of how to navigate through an extremely complicated health care system.
- Competing priorities for financial resources are more common for the low-income and uninsured, requiring people to make difficult decisions in prioritizing basic needs.
- Cultural beliefs and traditions influences a patient's response to what a health care provider communicates.
- Inability to recognize signs and symptoms of an underlying condition may lead to advanced disease and even death.
- Miscommunication between provider and patient is common in non-English speaking populations.
- Immigrants without residential status, especially those who have children, worry that physicians will notify immigration authorities.
- Lack of transportation limits health care options for residents in the service area.
- Long wait times for appointments at primary care and specialty care facilities is one of the most cited reasons by low-income community members for failing to keep appointments, not having a regular source of care, and making unnecessary ER visits.

Care for Chronic Conditions

Chronic diseases are largely preventable by addressing tobacco use, poor nutrition, physical inactivity, and/or obesity. The five leading causes of death, heart disease, stroke, lung cancer, emphysema/chronic obstructive lung disease (COPD), and Alzheimer's disease, all chronic diseases, account for 42% of all deaths in Los Angeles County. Further, chronic disease is a major cause of disability, which can jeopardize one's ability to work, add emotional and economic stress to family life, and significantly decrease quality of life. As the population ages and lives longer, prevention and management of chronic illnesses take on an even more vital role.

Fortunately, many chronic diseases and their long-term consequences can be prevented or delayed. Health behaviors such as engaging in regular physical activity, eating healthy foods, and refraining from tobacco use, reduce the likelihood of developing a chronic disease. Access to health care coverage and a regular source of care, or medical home, are important for early detection and management of chronic diseases. Further, the communities in which people live can either encourage, or discourage, healthy behaviors. Neighborhoods can promote healthy lifestyles when they offer access to healthy and affordable foods and access to safe places for physical activity, such as local parks. [8]

SUMMARY OF KEY FINDINGS
Cardiovascular Disease including heart disease, stroke, and hypertension is the leading cause of death in Good Samaritan Hospital's service area.

Cardiovascular disease—also called heart disease and coronary heart disease—includes several health conditions related to plaque buildup in the walls of the arteries, or atherosclerosis. As plaque builds up, the arteries narrow, restricting blood flow and creating the risk of heart attack. Currently, more than one in three adults (81.1 million) in the United States lives with one or more types of cardiovascular disease. In addition to being one of the leading causes of death in the United States, heart disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.[9]

Cardiovascular disease encompasses and/or is closely linked to a number of health conditions that include arrhythmia, atrial fibrillation, cardiac arrest,

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[8] Community Health Improvement Plan for Los Angeles County 2015-2020.
[9] Data source: California Health Interview Survey (CHIS) Data year: 2014
Source geography: SPA

cardiac rehab, cardiomyopathy, cardiovascular conditions in childhood, high cholesterol, congenital heart defects, diabetes, heart attack, heart failure, high blood pressure, HIV, heavy alcohol consumption, metabolic syndrome, obesity, pericarditis, peripheral artery disease (PAD), and stroke.[10]

High Cholesterol
- In 2015, a quarter (25.1%) of the adult population in the GSH service area had been diagnosed with high cholesterol, very similar to Los Angeles County (25.2%).
- In 2015, nearly half (47.5%) of the population in Los Angeles County who were 65 or older had high cholesterol, as did those between the ages of 60 and 64 (41.2%). Over a third (34.5%) of those between the ages of 50 and 59 had high cholesterol and approximately a quarter (24.8%) of those between the ages of 40 and 49. Another 15.0% of those between the ages of 30 and 39 had high cholesterol as well as 11.8% of the population between the ages of 25 and 29- a number that has doubled since 2011. Another 5.6% between the ages of 18 and 24 have been diagnosed with high cholesterol.

Stroke:
A stroke is a medical emergency. Strokes happen when blood flow to the brain stops. Within minutes, brain cells begin to die. There are two kinds of stroke: ischemic stroke and hemorrhagic stroke. Ischemic stroke, the more common kind, is caused by a blood clot that blocks or plugs a blood vessel in the brain. Hemorrhagic stroke, is caused by a blood vessel that breaks and bleeds into the brain. "Mini-strokes" or transient ischemic attacks (TIAs), occur when the blood supply to the brain is briefly interrupted.[11]

Hypertension:
Hypertension, defined as a blood pressure reading of 140/90 or higher affects one in three adults in the United States.[12] With no symptoms or warning signs and the ability to cause serious damage to the body, the condition has been called a silent killer. If untreated, high blood pressure can lead to heart failure, blood vessel aneurysms, kidney failure, heart attack, stroke and vision changes or blindness.[13]

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[10] Data source: California Department of Public Health (CDPH) Data year: 2012 Source geography: ZIP Code
[11] https://medlineplus.gov/stroke.html
[12] National Institutes of Health. Hypertension (High Blood Pressure). Available at
http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=97. Accessed [August 2, 2016].

[13] National Heart, Lung, and Blood Institute. Blood Pressure: Signs & Symptoms. Available at
http://www.nhlbi.nih.gov/health/health-topics/topics/hbp/signs.html. Accessed [August 2, 2016].

High blood pressure can be controlled through medicines and lifestyle change; however, patient adherence to treatment regimens is a significant barrier to controlling high blood pressure.[14]

High blood pressure is associated with smoking, obesity, the regular consumption of excessive salt and fat, excessive drinking, and physical inactivity. Those at higher risk of developing hypertension include people who have previously had a stroke and those who have high cholesterol or heart or kidney disease. African-Americans and people with a family history of hypertension are also at an increased risk of having hypertension.[15]

- In 2015, close to a quarter (22.8%) of the adult population in the GSH service area was diagnosed with hypertension (or high blood pressure), slightly less than in Los Angeles County (23.5%). SPA 6 had a higher percentage (24.5%). In 2014, more than half (64.2%) of the population with high blood pressure in the GSH service area took medication to control their high blood pressure. Many fewer adults with high blood pressure in SPA 6 (55.5%) than in SPA 4 (66.2%) managed their blood pressure through medication.
- In 2012, 659 adults in the GSH service area died as a result of hypertension, making up 27.2% of deaths in the service area. ZIP codes 90021-Downtown Los Angeles (52.9%) and 90014-Los Angeles (44.9%) had the highest rates of death due to hypertension within the service area.
- In 2015, just over half (54.2%) of the population age 65 and older in Los Angeles County was diagnosed with hypertension. Similarly, nearly half (42.5%) of the population between age 60 and 64 had hypertension; nearly a third (31.1%) of the population between age 50 and 59, and 17.6% of those between age 40 and 49.

Diabetes

Diabetes affects an estimated 23.6 million adults and children and is the seventh leading cause of death in the United States. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times and is the leading cause of kidney failure, lower-limb amputations, and adult-onset

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[14] National Institutes of Health. Hypertension (High Blood Pressure). Available at http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=97. Accessed [August 2, 2016].
[15] Center for Disease Control and Prevention. Atlanta, GA. Available at http://www.cdc.gov/bloodpressure/family_history.htm. Accessed [August 2, 2016].

blindness. A diabetes diagnosis can also indicate an unhealthy lifestyle—a risk factor for further health issues—and is also linked to obesity.

- In 2015, 11.7% of the population 18 years old and older in the GSH service area had been diagnosed with diabetes, a larger percentage than in Los Angeles County (9.8%).
- In 2015, about one-third (33.2%) of the adult diabetic population in the service area had met with their medical provider to develop a diabetes care plan, less than the percentage (77.8%) in Los Angeles County. A substantially lower percentage of the population in SPA 4 (23.3%) had a diabetes management plan than in Los Angeles County or the service area.
- The diabetes hospitalization rate per 100,000 adults in the GSH service area (221.8) was higher than California (142.6), with rates among adults being much higher in ZIP Codes 90014-Los Angeles (449.1), 90013-Downtown Los Angeles (389.3) and 90018-Jefferson Park (363.2).
- In 2012, the hospitalization rate per 100,000 adults resulting from uncontrolled diabetes in the GSH service area (21.2) was over double the rate in California (8.6), and particularly higher in ZIP Codes 90013-Downtown Los Angeles (46.7), 90018-Jefferson Park (44.4) and 90021-Downtown Los Angeles (36.5).

Because of these findings related to the severity and prevalence of diabetes in the GSH service area, diabetes prevention and management has been and will continue to be a focus of our Community Benefit Implementation Plan. This approach also aligns with the Los Angeles County 2015-2020, Community Health Improvement Plan which identifies Priority Area 1 to Increase Prevention to Improve Health Goal 1.1 Prevent and Manage Chronic Disease.

Cancer Care

Cancer is the second leading cause of death in the United States, claiming the lives of more than half a million Americans every year. In 2009, cancer incidence rates per 100,000 persons indicate that the three most common cancers among men in the United States are prostate cancer (137.7), lung cancer (64.3) and colorectal cancer (42.5). Among women, the leading causes of cancer deaths are breast cancer (123.1), lung cancer (54.1) and colorectal cancer (37.1). Research has shown that early detection through regular cancer screenings can help reduce the number of new cancer cases and, ultimately, deaths. Research has also shown that cancer is associated with certain diseases and behaviors including obesity, tobacco, alcohol, certain chemicals, some viruses and bacteria, a family history of cancer, poor diet and lack of physical activity.[16]

SUMMARY OF KEY FINDINGS
- In Los Angeles County, the top invasive cancer incidence rates per 100,000 persons were female breast cancer (113.8), prostate cancer (92.6) and lung cancer (35.9).
- Of all cancer-related surgeries performed, the most frequent type at GSH are breast (23.3%), colon (22.2%) and liver (16.7%). Breast cancer and colon cancer are also the top two surgeries performed in Los Angeles County and the state.

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[16] National Cancer Institute. (2015). Cancer Prevention Overview. Available at http://www.cancer.gov/cancertopics/ pdq/prevention/overview/patient/page3. Bethesda, MD. Accessed [August 1, 2016].

Disease Management and Preventive Care

Many of the health problems encountered by residents in the Good Samaritan Hospital service area are preventable, as they are a result of lifestyle factors such as obesity and substance abuse (smoking and drug use). These problems affect all ages, races and ethnic groups. Other factors include lack of physical activity and lack of preventative care such as health screenings. Poor mental health may increase the risk of substance use disorders, and is associated with the prevalence, progression and outcomes of chronic diseases. Chronic disease can put tremendous financial, physical, and emotional burdens on individuals and families.   Key to limiting the incidence of chronic disease is a focused effort to increase healthy behaviors including breastfeeding that have been shown to have preventative measures.

Obesity is associated with factors such as poverty, inadequate consumption of fruits and vegetables, physical inactivity, and lack of access to grocery stores, parks, and open space. Obesity increases the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases. The condition also increases the risks of cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types.[17]

SUMMARY OF KEY FINDINGS

Alcohol and Substance abuse
- The density of alcohol outlets is associated with heavy drinking, drinking and driving, higher rates of motor vehicle-related pedestrian injuries, child abuse and neglect and other violence.[18]
- In 2016, the highest number of alcohol outlets were reported in 90012-Chinatown (148 outlets, 13.2% of all outlets in the service area) and 90005-Koreatown (124 outlets, 11.1% of all outlets in the service area).
- In 2015, nearly half (46.1%) of adults (18+ years old) in the GSH service area reported drinking alcohol at least once in the past month, while almost one in six (16.9%) adults reported engaging in binge drinking in the past month. Binge drinking is defined for females as consumption of four or more drinks and for males, consumption of five or more drinks on one occasion.

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[17] National Cancer Institute. Obesity and Cancer Risk. Available at http://www.cancer.gov/cancertopics/factsheet/Risk/obesity. Accessed [August 2, 2016].
[18] Stewart, K. (n.d.). How Alcohol Outlets Affect Neighborhood Violence. Calverton, MD. Available at http://urbanaillinois.us/sites/default/files/attachments/how-alcohol-outlets-affect-nbhd-violence.pdf. Accessed [August 1, 2016].

Cardiovascular Disease

- In 2014, the percentage of the population in the GSH service area diagnosed with heart disease (3.5%) was smaller than in Los Angeles County (5.7%), with a larger percentage in SPA 6 (8.6%).
- Of those in the GSH service area with heart disease, slightly more than half (59.7%) receive assistance from a care provider in managing their disease. A larger percentage of the population in SPA 4 (61.5%) received assistance from a care provider. Los Angeles County had a smaller percentage (55.5%) of its population receive heart disease management when compared to the GSH service area (59.7%).
- In 2012, the hospitalization rate resulting from heart failure was higher (398.2) per 100,000 adults in the GSH service area when compared to California (366.6). The highest heart failure hospitalization rates were reported in 90014-Los Angeles (743.9) and 90021-Downtown Los Angeles (985).
- In 2012, a higher heart disease mortality rate per 10,000 adults was reported in the GSH service area (16.3) than in California (15.5). Rates were particularly high in ZIP Codes 90014-Los Angeles (49.1) and 90021-Downtown Los Angeles (32.8).

Obesity

- In 2015, slightly over a third (34.2%) of the adult population in the GSH service area was overweight, slightly less than in Los Angeles County (35.9%). Obesity is not evenly distributed across the service area: while approximately one in four (24.3%) adults in the GSH service area were obese, over one in three adults in SPA 6-South (34.1%) were obese.
- In 2015, over a third (40.7%) of the population in Los Angeles County was overweight for those age 65 years old and older, age 40 to 49 (39.1%), age 30 to 39 (38.3%), age 60 to 64 (37.5%) and those between 50 and 59 years old (37.4%). Less than a third of those between the ages of 18 and 24 (23.9%) and age 25 to 29 (31.3%) were considered overweight.
- By ethnicity, larger percentages of American Indians/Alaskan Natives (54.2%) and Latinos (39.3%) in Los Angeles County were considered overweight, along with over a third of Whites (34.0%). Nearly a third of African-Americans (32.9%) and Latinos (30.9%) in Los Angeles County were classified as obese.
- A woman's excess weight, before, during and after pregnancy not only affect her decision to breastfeed, but also increase her risk of developing preventable chronic disease such as Type 2 diabetes, hypertension and hyperlipidemia. Breastfeeding can help women lose weight, experience less postpartum depression and help reduce the risk of developing Type 2

diabetes for herself and her child. Breastfed infants are less likely to be overweight as children. [19]

[19] http://zev.lacounty.gov/wp-content/uploads/Obesity_2012_sFinal_1.pdf

Community/Social Issues (Mental Health)

Mental illness is a common cause of disability. Untreated disorders may leave individuals at risk for substance abuse, self-destructive behavior and suicide. Additionally, mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression and outcome of chronic diseases.[20] Suicide is considered a major preventable public health problem. In 2010, suicide was the tenth leading cause of death among Americans of all ages, and the second leading cause of death among people between the ages of 25 and 34.[21] An estimated 11 attempted suicides occur per every suicide death.

Research shows that more than 90% of those who die by suicide suffer from depression or other mental disorders or a substance-abuse disorder (often in combination with other mental disorders).[22] Among adults, mental disorders are common: over 25% of the U.S. adult population are diagnosed with an anxiety disorder in the course of their lifetime.[23] Mental disorders are not only associated with suicide, but also with chronic diseases, a family history of mental illness, age, substance abuse, and life-event stresses.[24]

Interventions to prevent suicide include therapy, medication and programs that focus on both suicide risk and mental or substance-abuse disorders. Another intervention is improving primary care providers' ability to recognize and treat suicide risk factors, given the research indicating that older adults and women who die by suicide are likely to have seen a primary care provider in the year before their death.[25]

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[20] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28. Accessed [August 2, 2016].
[21] Centers for Disease Control and Prevention. 10 Leading Causes of Death by Age Group, United States – 2010. Available at http://www.cdc.gov/injury/wisqars/pdf/10LCID_All_Deaths_By_Age_Group_2010-a.pdf. Accessed [August 2, 2016].
[22] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mentaldisorders. Accessed [August 1, 2016].
[23] National Institute of Mental Health. Any Disorder Among Adults. Available at http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml. Accessed [August 2, 2016].
[24] Public Health Agency of Canada. Mental Illness. Available at http://www.phac-aspc.gc.ca/cd-mc/mi-mm/index-eng.php. Accessed [August 2, 2016].
[25] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mentaldisorders. Accessed [August 1, 2016].

SUMMARY OF KEY FINDINGS

- In 2012, the mental health hospitalization rate per 100,000 adults in the GSH service area was nearly triple (1384.0) that of California (540.9), and approximately two to three times higher in ZIP Codes 90014-Los Angeles (3719.3) and 90021-Downtown Los Angeles (3283.5).
- In 2012, the suicide rate per 10,000 adults in the GSH service area was higher (1.7) than California (1.0), and above the Healthy People 2020 goal (<=1.0). Very high rates were reported in ZIP Codes 90010- Wilshire (12.6) and 90014-Los Angeles (4.2).
- In Los Angeles County, those most affected by depression are between the ages of 50 and 64. Around 12.1% of those from age 50 to 59 have been diagnosed with depression, as have 11.3% of those between the ages of 60 and 64. Another 10.4% of those between ages of 40 and 49, and smaller percentages of those age 65 and older (9.2%), 25 to 29 (6.7%), 30 to 39 (5.9%) and 18 to 24 (5.2%) stated they had been diagnosed by a physician with depression.

Community Needs Conclusion

The focus issues identified in the 2016 Community Needs Assessment were: 1) health care access (health insurance, regular source of care, inappropriate utilization of the ER), 2) care for chronic conditions (diabetes, heart disease), 3) cancer care, 4) disease management and preventive care (patient education, cardiovascular disease, including stroke, breastfeeding, screenings, and vaccinations), 5) community/social issues (including mental health).

The passage of the Patient Protection and Affordable Care Act of 2010 changed many of the dynamics in the health care market, expanding Medicaid eligibility and moving citizens toward universal coverage through premium subsidies and tax penalties. The law also included new mechanisms to "bend the cost curve" through reimbursement incentives and penalties to providers.

At the state level, California's Dual Demonstration Project – Cal Medi-Connect – was implemented to deal with the subset of the senior population (having both Medi-Cal and Medicare) who have the highest rate of medical spending, many with chronic medical conditions, by directing them to capitated managed care plans.

Relevant implications of these legislative developments on Good Samaritan Hospital's Community Benefit Plan include:

- The insurance barrier to care still persists. In its current state, the Affordable Care Act has not addressed the needs of the undocumented population which is concentrated in Good Samaritan Hospital's primary service area.

- The shortage of primary care providers still persists as more people gained insurance coverage. In the Good Samaritan Hospital service area, the problem is compounded by the lack of linguistically and culturally competent providers to serve our ethnically diverse population. At the same time, some providers have dropped out of Medi-Cal and Medicare program due to poor reimbursement and emergency room utilization continues to increase.

- The epidemic of obesity continue to drive the demand for medical services related to cardiac disease, peripheral vascular disease, cerebrovascular disease, diabetes, and many cancers. To help address the need for people to have the knowledge and skills to prevent or manage disease, Good Samaritan Hospital offers a variety of classes and

resources related to perinatal health, lactation, nutrition, diabetes, cancer and cardiovascular disease.

PROGRESS MADE ON GOALS OF PREVIOUS BENEFIT PLAN

Health Care Access

INITIATIVE	MEASUREMENT	PROGRESS	PARTNERS	BARRIERS
Korean Health Fair	Provide education and screening to a minimum of 500 participants	Screened approximately 900 participants	• Korean American Medical Group • Los Angeles Department of Aging • Wilshire State Bank • Hanmi Bank • Korean American Medical Association	None

Disease Management and Preventative Care

INITIATIVE	MEASUREMENT	PROGRESS	PARTNERS	BARRIERS
Healthy Habits for Maternal and Child Health: Breastfeeding, and Perinatal Obesity Prevention	Educate a minimum of 500 women who breastfeed their children Maintain 90% or more of women who hold their infants skin to skin after delivery at GSH and provide any breast milk	• Educated a total of 804 participants • 85% of women held their infants skin to skin • 92% of women breastfed their infants while in hospital	• Local clinics • MCH Access • Choose Health LA Moms • Baby-Friendly USA	• Lack of patient participation due to C-section procedure • Infant's length of stay in the Neonatal Intensive Care Unit

Care for Chronic Conditions

INITIATIVE	MEASUREMENT	PROGRESS	PARTNERS	BARRIERS
Diabetes Prevention and Management	Educate a minimum of 300 people	• Educated 510 participants	• Senior centers • Recreation centers • Local schools • Local businesses	None
Heart H.E.L.P Program (Healthy Eating and Lifestyle Program)	Educate a minimum of 100 people per year on prevention and management of cardiovascular disease management At post-test at least 80% of participants should correctly identify signs of a heart attack or stroke and take appropriate actions.	• Educated 237 participants • 84.6% of post-test participants correctly identified signs and symptoms of a stroke and 97.5% correctly identified appropriate actions to take	• American Heart Association	None

Community/Social Issues

INITIATIVE	MEASUREMENT	PROGRESS	PARTNERS	BARRIERS
Volunteer Management Program	Enroll a minimum of 300 students per year in the program	• Ongoing • Enrolled 300 students	• Los Angeles Unified School District – High Schools • Private Charter High Schools • Community colleges • California State Universities • UC Universities • Private Colleges (West Coast College) • Technical Schools • Archdiocesan Youth Employment Service (AYE) • Los Angeles Chamber of Commerce – Unite LA • Youth Policy Institute (YPI) • UCLA Youth Work Source	None

Cancer Care

INITIATIVE	MEASUREMENT	PROGRESS	PARTNERS	BARRIERS
General Korean Cancer Support Group	Provide support to a minimum of 100 participants	• No progress	• American Cancer Society • Physician Offices	• No group facilitator • Lack of patient interest
Look Good, Feel Better	Provide support to a minimum of 100 participants	• Provided support to 30 patients	• American Cancer Society	• Lack of physician office referrals • Lack of referrals from the American Cancer Society Central Office schedulers • Lack of child care • Transportation
Korean Breast Cancer Support Group	Provide support to a minimum of 100 participants	• Ongoing • Support group attended by 112 people	• American Cancer Society • Shine Korea	• None
Helen's Room	Provide support to a minimum of 100 participants	• Provided support to 275 people	• American Cancer Society • Physician's offices • Cancer Support Community Pasadena • Los Angeles County Breast Health Resource Guide • Action Orthopedics (Prosthesis and mastectomy bras)	• Transportation • Lack of child care • Decrease in patient referrals • Change in medical staff

Women's Cancer Support Group	Provide support to a minimum of 100 participants	• Ongoing • Provided support to 100 patients	• American Cancer Society • Sisters Breast Cancer Survivor Network • Cancer Support Community • Southern California Women's Health Conference and Expo	• Lack of physician referrals
Cancer Survivorship Program	Provide a minimum of 15% of patients treated at Good Samaritan Hospital who are cancer free	• No progress	• American Cancer Society • National Cancer Institute	• Lack of patient interest • Lack of physician interest

Economic Value

Good Samaritan Hospital
FY 2017 Community Benefit Cost

Community Benefit Activity		Unreimbursed Cost	Total
1. MEDICAL CARE SERVICES			
Medi-Cal program		$ 34,537,956	
	Subtotal		$ 34,537,956
2. BENEFITS FOR VULNERABLE POPULATIONS			
Charity care		$ 7,005,382	
Health fairs		$ 6,387	
	Subtotal		$ 7,011,769
3. HEALTH RESEARCH, EDUCATION AND TRAINING			
Job training through the Volunteer Program		$ 153,729	
Basic science research/Heart & Orthopedic Programs		$ 364,159	
Stipend for CSUDH lab interns		$ 12,000	
	Subtotal		$ 529,888
GRAND TOTAL			**$ 42,079,613**

Non-Quantifiable Benefits

Good Samaritan Hospital provides many non-quantifiable benefits to the medical community and to the broader community surrounding the hospital. For example, the hospital pursues and secures grant funding for many community-focused perinatal health issues, as well as chronic disease prevention and management activities. Many of our grant funded programs require hospital in-kind or matching support, and they could not occur without the grant writing efforts and administrative support of our Development Department. As examples:

- Good Samaritan Hospital is a Comprehensive Stroke Center which means the hospital is able to receive and care for the most critical stoke cases. In addition, GSH provides Community education regarding the prevention and early recognition of stroke and actions to take. The hospital also educates the community how to perform hands only CPR to save lives.

- The hospital implements Heart H.E.L.P.(including stroke prevention/awareness), diabetes education, as well as nutrition and healthy lifestyle education.

- Good Samaritan Hospital is designated as a Baby-Friendly Hospital by Baby-Friendly USA which promotes exclusive breastfeeding of infants and newborns. The Lactation Resource Center helps families achieve their breastfeeding goals with breastfeeding education, support groups and Lactation Consultations.

- Good Samaritan Hospital is also an active participant in coalitions to address social determinants of health, equity and housing for our diverse community.

Emergency and Disaster Preparedness
In addition, to being prepared to treat illness, Good Samaritan Hospital must be prepared in the event of a major earthquake or other disaster to accept and care for the injured as well as provide supplies and food for current patients, staff and possibly the surrounding community. Disaster preparedness is an important part of the Hospital's role in the community and we are an active participant in LA County disaster drills. The Hospital is also investing in the renovation and expansion of our Emergency Department.

Transportation Program
When requested by a hospital department, the Good Samaritan Transportation Program provides non-emergency transportation for patients who are **uninsured, underinsured, disabled, seniors (or any combination thereof)** to and from the hospital within 46 zip codes in Metro Los Angeles County. It costs approximately $130,000 per fiscal year to provide these services.

The hospital provides administrative support for the organization and solicitation of volunteers, yet direct financial support from the hospital is not required. An example of this would be employee donated clothing drives for the homeless treated in the emergency room. Good Samaritan Hospital also allows outside nonprofit organizations to use its conference center located on campus at no cost. Examples include the Community Police Advisory Board which holds their monthly meetings in our conference center.

The health care advocacy efforts of our Board of Trustees and administrative team are other non-quantifiable benefits to our service area. Our most significant advocacy effort has been an attempt to secure additional funds for hospitals that provide a substantial volume of critical care services for the uninsured and low income populations.

For more than 135 years, the hospital has provided employment including health care insurance, retirement and vacation benefits for thousands of employees. The current workforce of approximately 1,400 employees patronizes the shops, restaurants and service providers in the immediate area which enhances the local economy. This is in addition to the physicians and their office staffs who work in the medical office buildings on our hospital's campus. A new medical office building is scheduled to fully open in 2018.   This will add new jobs to our campus.

**COMMUNITY BENEFITS IMPLEMENTATION PLAN
SUMMARY**

COMMUNITY BENEFITS IMPLEMENTATION PLAN SUMMARY

The Community Benefits Implementation Plan is primarily based on the health needs identified in the 2016 Community Health Needs Assessment. The implementation plan emphasizes those need areas that can be effectively addressed with the resources and expertise available at Good Samaritan Hospital. The initiatives which comprise the implementation plan are detailed in the following pages, and can be summarized into five major activities.

- Health Care Access (health insurance, regular source of care, appropriate use of the ER)
- Care for Chronic Conditions (diabetes, heart disease)
- Cancer Care
- Disease Management and Preventive Care (patient education, cardiovascular disease, including stroke, breastfeeding, screenings, and vaccinations)
- Community/Social Issues (including mental health)

Patient Education
GSH provides patient education to promote health, prevent and manage illness and disease as well as the consequences associated with poor health. Through various patient and community health education we help our diverse community acquire knowledge and skills to maintain or improve health.

The hospital will continue to provide culturally appropriate perinatal services including childbirth and breastfeeding classes in English, Spanish and Korean. We have expanded our breastfeeding education and support as we implemented the Breastfeeding Baby-Friendly Initiative.

Breastfeeding provides health benefits for the mother and her child. Breast milk is nutritious, easy to digest and lets the baby start developing healthy eating patterns. (The baby can decide when to start and when to stop eating.) Breastfed children have fewer infections, less diarrhea, and later in life, have a reduced risk of type 2 diabetes and obesity.   Breastfeeding also reduces the mother's risk of excess postpartum bleeding, helps her uterus return to normal size, can help with maternal weight loss, and reduces the risk of postpartum depression and type 2 diabetes.

Our Living With Diabetes Program and Healthy Eating and Lifestyle Program (Heart HELP) for the management of diabetes and cardiovascular disease respectively will provide disease prevention education designed for both our patients and our community.

Diabetes Prevention and Management
Patients who have uncontrolled diabetes are at increased risk of infections, delayed healing and complications. Uncontrolled diabetes is a leading cause of blindness, amputations, kidney failure, heart attacks, stokes, seizures, and emergency room visits.   Good Samaritan Hospital continues to care for people who have diabetes and help them manage diabetes when they are hospitalized. We have also invested in diabetes awareness, prevention and management in the community and outpatient settings. Good Samaritan Hospital originally began offering Community Diabetes Prevention and Management as part of the Los Angeles Chronic Disease Management Coalition in 2006. Even after the initial funds for these programs were expended, Good Samaritan Hospital has continued the programs and identified resources that enable us to continue to have a positive impact on our community in the area of diabetes prevention and management.

Healthy Eating and Lifestyle Program (Heart HELP)
Cardiovascular disease, including stroke prevention occurs through our Healthy Eating and Lifestyle Program (Heart HELP). Our Community Health Education team conducts presentations at various sites including housing facilities, local senior centers, businesses, health fairs, and food banks. Participants are also referred by community agencies, physicians and registered dieticians. In the program, participants learn how to eat nutritious meals, increase physical activity, stop smoking and manage risk factors such as hypertension and high cholesterol. The program also includes health education regarding how to recognize and react quickly to the signs and symptoms of a stroke or heart attack.

Improving Continuity of Care in our Emergency Department
Good Samaritan Hospital has ongoing relationships and will continue to develop new relationships with community agencies to transition patients to appropriate settings where conditions and compliance with treatment plans can be monitored.   These relationships include Bimini, Clare Foundation and the Department of Mental Health to name a few. We are in the process of renovating and expanding the Emergency Department to address the growing need for emergency services.

Support for Cancer Patients – Good Samaritan Hospital will continue and expand our cancer support groups and programs such as the Look Good, Feel Better program with a Korean language capability, Women's Cancer Support Group, and Helen's Rooms that provides education and emotional support to those recovering from cancer treatment. Good Samaritan Hospital has implemented a patient navigator program to assist cancer patients in optimizing and coordinating their care.

Health Fairs – Good Samaritan Hospital is committed to hosting free health fairs for the community, providing disease screening and education for those who do not have easy access to health professionals.

Educational Opportunities – Good Samaritan Hospital hosts the annual Women's Wellness Conference and Women's Heart Conference to promote health and wellness. Our volunteer program will continue to provide students and others with the tools and valuable work experience necessary for careers in health care.

Additional community needs

Other community health needs not directly addressed in the Community Health Needs Assessment but available at Good Samaritan Hospital include community safety and the hospital's active participation in disaster management.

Good Samaritan Hospital hosts a monthly Community Police Advisory Board meeting in the Moseley-Salvatori Conference Center where local residents meet with the representatives from the Rampart Division of the Los Angeles Police Department and discuss the safety and security of the community.

Good Samaritan Hospital must be prepared to care for the community in an event of a disaster both natural and man-made. The hospital has an active disaster preparedness team consisting of both ancillary and clinical staff. The team conducts monthly meetings and quarterly drills to identify areas of improvement and discuss business continuity plans for the various sections of the hospital from patient flow, finance, food distribution to information systems. The hospital also participates in countywide drills.

Health needs that are not addressed:
As previously mentioned, the goal of Good Samaritan Hospital is to address most of the needs of the community. However there are some needs that are not addressed because they do not fit within the hospital's scope of services or expertise. These include mental health services, HIV/AIDS and other sexually transmitted infections and Alzheimer's disease. Good Samaritan Hospital has established referral and collaborative relationships with various organizations that have capabilities to provide the services that are not available in the hospital.

**COMMUNITY BENEFIT IMPLEMENTATION PLAN
OBJECTIVES FY 2018**

Initiative:
Korean Health Fair

Health Needs	Goal	Measurement	Partners
• Oral Health • Diabetes • Cardiovascular Disease • High Cholesterol • Colorectal Cancer • Breast Cancer • Poverty (including unemployment) • Disease Management • Health Care Access • Healthy Behavior including Physical Activity • Preventative Care Services	Provide health screening tests and health education to underserved individuals within the Korean community	• Provide education and screening to a minimum of 900 participants	• Korean American Medical Group • Los Angeles Department of Aging • Wilshire State Bank • Hanmi Bank • Korean American Medical Association

COMMUNITY BENEFIT IMPLEMENTATION PLAN OBJECTIVES FY 2018
Disease Management and Preventative Care

Initiative:
Breastfeeding and Healthy Habits for Mothers and Infants

Health Needs	Goal	Measurement	Partners
• Diabetes • Obesity/Overweight • Hypertension • High Cholesterol • Breast Cancer • Perinatal Outcomes • Healthy Eating • Healthy Behavior including Physical Activity • Preventative Care Services • Poverty (including unemployment)	Help women obtain knowledge, skills, and support to successfully breastfeed their infants	• Educate a minimum of 500 women who breastfeed their children. • Maintain 85% or more of women who hold their infants skin to skin after delivery at GSH and provide any breast milk.	• Local clinics • MCH Access • Choose Health LA Moms • Baby-Friendly USA

Initiative:
Diabetes Prevention and Management

Health Needs	Goal	Measurement	Partners
• Access to Healthcare • Cardiovascular Disease • Cultural and Linguistic Barriers • Diabetes • Food Insecurity • Healthy Behaviors • Mental Health • Obesity/Overweight • Poverty (including unemployment) • Preventative Care	Educate the community on how to prevent and manage diabetes with the "M's": *meals, movement, medication, monitoring, medical support, and mental health*	• At least 75% of participants can select a meal with an appropriate amount of carbohydrate. • At least 75% of participants with diabetes can state actions to take to treat hypoglycemia	• Senior centers • Recreation centers • Local schools • Local businesses

Initiative:
Heart and Stroke H.E.L.P (Healthy Eating and Lifestyle Program)

Health Needs	Goal	Measurement	Partners
• Access to Healthcare • Cardiovascular Disease (including Cholesterol) • Cultural and Linguistic Barriers • Diabetes • Food Insecurity • Healthy Behaviors • Mental Health • Obesity/Overweight • Poverty (including unemployment) • Preventative Care • Hypertension	Educate the community in identifying and avoiding cardiovascular risk factors including stroke.	• Educate a minimum of 100 participants • At post-test, a minimum of 80% of participants can correctly identify signs of a stroke and heart attack and take appropriate action	• American Heart Association • Churches • Schools

COMMUNITY BENEFIT IMPLEMENTATION PLAN OBJECTIVES FY 2018

Community/Social Issues

Initiative:
Volunteer Management Program

Health Needs	Goal	Measurement	Partners
• Poverty (including unemployment)	To provide the community including students a career based education, work experience, training and mentoring in the health care industry	• Enroll a minimum of 300 students per year in the program	• Los Angeles Unified School District – High Schools • Private Charter High Schools • Community colleges, • Cal State Universities • UC Universities • Private Colleges (West Coast College) • Technical Schools • Archdiocesan Youth Employment Service (AYE) • Los Angeles Chamber of Commerce- Unite- LA • Managed Career Solutions • MCS Hollywood Work Source • MCS Wilshire Work Source • Youth Policy Institute (YPI) • UCLA Youth Worksource

COMMUNITY BENEFIT IMPLEMENTATION PLAN OBJECTIVES FY 2018
Cancer Care

Initiative: Psychosocial Distress Screening of Radiation Therapy Cancer Patients

Health Needs	Goal	Measurement	Partners
• Mental Health • Access to Care • Health Behaviors (including Physical Activity) • Cancer Care	Provide screening tools for patients to help eliminate distress while undergoing cancer treatment	Screen a minimum of 25 patient seen in the Radiology Department	• American Psychosocial Oncology Society (APOS) • Yale School of Nursing

Initiative: Korean Breast Cancer Support Group

Health Needs	Goal	Measurements	Partners
• Mental Health • Access to Care • Healthy Behaviors (including Physical Activity) • Cancer Care	Provide ongoing support to breast cancer patients in their native language	Provide support to a minimum of 120 participants	• American Cancer Society • Shine Korea • Physician offices

Initiative: Women's Cancer Support Group

Health Needs	Goal	Measurements	Partners
• Mental Health • Access to Care • Healthy Behaviors (including Physical Activity) • Cancer Care	Provide support and education to cancer patients	Provide support to a minimum of 150 participants	• American Cancer Society • Sisters Breast Cancer Survivors Network • Cancer Support Community

COMMUNITY BENEFIT IMPLEMENTATION PLAN OBJECTIVES FY 2018
Cancer Care

Initiative: Look Good Feel Better

Health Needs	Goal	Measurements	Partners
• Mental Health • Access to Care • Healthy Behaviors (including Physical Activity) • Cancer Care	Provide support to patients currently going through active chemotherapy and/or radiation therapy for a cancer diagnosis	Provide support to a minimum of 50 participants	• American Cancer Society • Physician Offices

Initiative: Cancer Care Support Group

Health Needs	Goal	Measurements	Partners
• Mental Health • Access to Care • Healthy Behaviors (including Physical Activity) • Cancer Care • Preventive Care	Provide support to caregivers for cancer patients	Provide support to a minimum of 40 participants	• American Cancer Society • Cancer Support Community

APPENDICES

Appendix A

MAP OF LOS ANGELES COUNTY SERVICE PLANNING AREAS
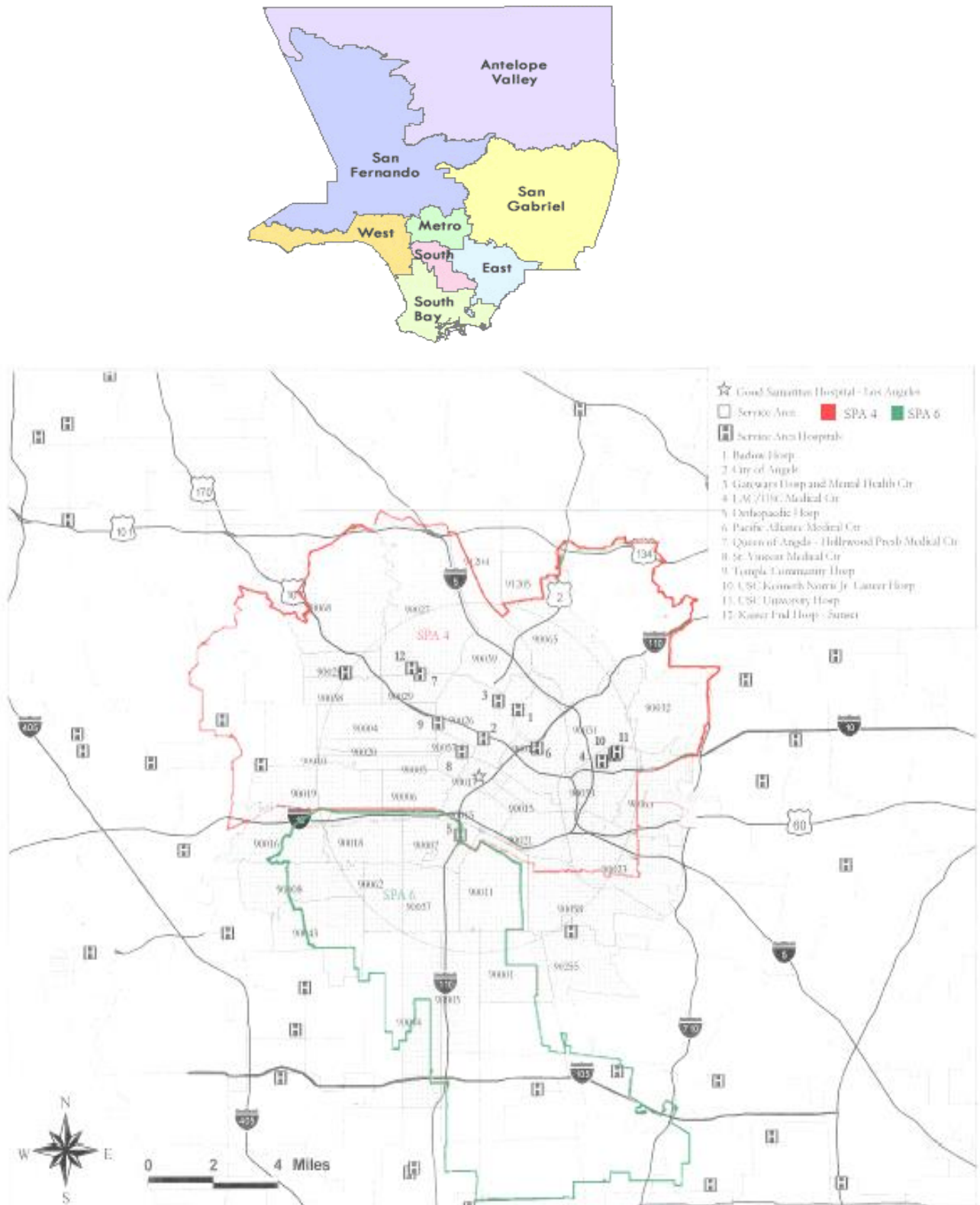
GOOD SAMARITAN HOSPITAL
OPERATING POLICIES

MANUAL:	ADMINISTRATIVE	POLICY #:				
SUBJECT:	**Charity Care and Discount Policy**	ORIGINAL DATE APPROVED:	1999			
		LAST BOARD APPROVAL DATE:	11/17			
PERSONNEL COVERED:	All Hospital Personnel and Business Associates	PAGE:	1	OF	9	

PURPOSE

Good Samaritan Hospital (GSH) is committed to assuring that its patients will receive necessary care without regard to their ability to pay. The purpose of this policy is to provide guidelines for identifying and handling patients who may qualify for charity or self-pay discounts.

DEFINITION

1. **Medically necessary services** are those that are absolutely necessary to treat or diagnose a patient and could adversely affect the patient's condition, illness or injury if it were omitted, and is not considered an elective or cosmetic surgery or treatment.

2. A **Charity Care Patient** is a patient who is unable (versus unwilling) to pay for GSH services. In all cases a patient whose Family Income does not exceed 350% of the federal poverty level (FPL) can be considered under this policy. Patients from families with high incomes (or undocumented incomes) may also qualify if Good Samaritan staff reasonably determines the Patient is unlikely to have the resources to pay for the care.

3. A **Self Pay Patient** is a patient who does not have coverage through personal or group health insurance and is not eligible for benefits through Medicare, Medi-Cal, the Healthy Families program, California Health Benefit Exchange, Los Angeles County Indigent Patient Program, California Children's Services (CCS), Victim of Crime (VOC), worker's compensation, State funded California Healthcare for Indigent Program (CHIP), coverage for accidents (TPL), or any other program.

4. A **High Medical Cost Patient** is a patient who has insurance or is eligible for payment from another source, but who has family income at or below 350% of the FPL and out-of-pocket medical expenses in the prior twelve (12) months (whether incurred in or out of any hospital) that exceeds 10% of Family Income.

5. **Family Income** would include the income from all members of the patient's "family." For a patient 18 years of age and older, family includes the patient's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not. For a patient under 18 years of age, family includes the patient's parents, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.

PRINCIPLES FOR SELF PAY PATIENTS

GSH will adhere to the following principles in implementing this policy:

1. Fear of a hospital bill should never prevent a patient from seeking emergency health care services and inability to pay should never be a reason to deny medically necessary care.

2. The Hospital will provide financial assistance to patients who cannot pay for part or all of the care they receive.

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3. The Hospital will not financially penalize patients who have no health insurance by requiring them to pay more for care than a typical insurer or government program would pay.

4. However, the financial assistance the Hospital provides is not a substitute for personal responsibility. All patients are expected to contribute to the cost of their care, based upon their individual ability to pay.

5. All patients will be treated with dignity, compassion and respect.

6. Our debt collection practices will be consistent with these principles.

POLICY

1. GSH will assist patients who do not have health insurance to identify and apply for benefits for which they may be eligible from programs including Medicare, Medi-Cal, the Healthy Families program, California Health Benefit Exchange, Los Angeles County Indigent Patient Program, California Children's Services (CCS), Victim of Crime (VOC), worker's compensation, State funded California Healthcare for Indigent Program (CHIP), and coverage for accidents through third party liability (TPL). In addition, qualifying low income patients may be granted assistance for some or all of their financial responsibility through charity grant programs such as QueensCare and Good Hope. GSH may also provide free or greatly discounted necessary care as unfunded charity on a case by case basis.

2. Uninsured patients who do not qualify for any insurance or health coverage benefits or programs will be offered self-pay discounted rates. These rates will be set in accordance with the "Cash Price Policy."

3. Depending upon their income and assets, patients who are not insured and are not eligible for benefits from any other program may qualify for a 100% charity care discount, a partial charity care discount or self-pay discount.

4. The policy does not apply to deductibles, co-payments and/or coinsurance imposed by insurance companies unless the patient qualifies for assistance as a "High Medical Cost Patient." It also does not apply to services that are not medically necessary (such as cosmetic surgery), or separately billed physician services.

5. The policy will not apply if the patient or responsible party provides false information about financial eligibility or if they fail to make every reasonable effort to apply for and receive third party insurance benefits for which they may be eligible.

6. Any patient or patient's legal representative who requests a charity discount under this policy shall make every reasonable effort to respond to reasonable requests from GSH for documentation of income and all potential health benefit coverage. Failure to provide information may result in the denial of the requested self pay or charity care discount.

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PROCEDURE

1. Upon admission/registration all patients will be provided a written notice that contains information regarding the hospital's charity care and discount policy, including information about eligibility, and contact information (name and telephone number) for a hospital employee or office to obtain additional information. Written notices will be provided in English and languages spoken by at least 5% of people served (currently Spanish and Korean). Translators will be provided to translate orally the notices for patients who speak other languages.

2. Whenever possible GSH will provide financial screening to determine whether a Self Pay Patient might qualify for coverage from third party payor, including any private insurer or government-sponsored programs such as Medicare, Medi-Cal, The Healthy Families program, California Health Benefit Exchange, Los Angeles County Indigent Patient Program, California Children's Services (CCS), California Health Insurance Program (CHIP), Victim of Crime (VOC), or any other third party, such as an employer through worker's compensation or another person due to third party liability (TPL). When feasible, GSH will assist patients to identify possible sources of payment and to apply for the program. This financial screening will be performed as early as possible before services are rendered except when deferred for emergency screening and evaluation (as described below). The information provided to Self Pay patients will include a statement on how patients may obtain applications for Medi-Cal, Healthy Families, coverage through the California Health Benefit Exchange, the Los Angeles County Indigent program and any other state or country funded health coverage programs, and that the hospital will provide these forms. The notice must also include a referral to a local consumer assistance center housed at legal services offices. When no coverage is identified, the Self Pay patient will be provided with applications for Medi-Cal, Healthy Families and other state or county-funded health coverage programs and any charitable assistance programs that might offer financial assistance. This shall be provided prior to discharge if the patient has been admitted or to patients receiving emergency or outpatient care.

3. For patients who have or may have emergent conditions, the financial screening will be deferred until after the patient has received a medical screening and any necessary treatment to stabilize the patient. Treatment shall not be delayed while a patient completes an admission/registration process. At all times, full consideration must be given for the patient's medical condition and care should be taken not to let the financial review process create anxiety for the patient.

4. If financial information cannot be collected at the time of admission/registration, reasonable attempts should be made to collect the information before the patient is discharged in order to fully facilitate proper billing and access to all financial assistance to which the patient may be entitled.

5. Patients will be expected to respond when requested by providing complete and accurate information concerning their health insurance coverage and if they are applying for charity care or self pay status, their financial assets and income so that the Hospital may assess their eligibility for government sponsored programs or for assistance from charity care programs or the self pay discount program.

6. In general, the Hospital's experience has been that Self Pay Patients lack the resources to pay hospital bills, and it is not necessary to obtain financial information to confirm this. When there is a question about the patient's insurance coverage or financial resources, the Hospital may ask a Self Pay Patient to complete a Financial Assistance Request (FAR) form. The FAR will be used to determine a patient's

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ability to pay for necessary services and to determine a patient's possible eligibility for public assistance, other programs, and self pay discounts from the Hospital. The information on the FAR may be accepted without obtaining additional supporting documentation, but the Hospital may also ask for supporting documentation such as recent tax returns or paystubs, and verification from financial institutions that hold the patient's assets. The FAR and supporting documentation may be requested on a sampling basis or when the available information suggests there is a question about whether the patient qualifies for charity care. The written FAR will be provided in English and languages spoken by at least 5% of people served (currently Spanish and Korean), and translated for those who speak another language.

7. The Charity Care Discount financial screening and means testing will be performed by Financial Counselors in the Admissions Department and/or Collection Representatives in Patient Business Services.

ELIGIBILITY FOR FULL OR PARTIAL CHARITY CARE DISCOUNTS

1. Self Pay Patients whose family incomes are at or below 350% of the FPL will be eligible for full or partial charity care discounts, depending upon family income.

   a. Self Pay Patients whose family income is less than 200% of the FPL will be eligible for a full, 100% charity care discount on services rendered.

   b. Self Pay Patients whose family income is between 200% and 350% of the FPL will be eligible for a partial charity care discount on services rendered equal to 60% of applicable cash price -- see Cash Price Policy.

2. The Hospital may ask the patient to complete a FAR form in order to assess the patient's eligibility for Self Pay or charity care discount.

   a. Upon the request of the Hospital, the patient may be required to document his or her family income by submitting the most recently filed Federal tax return or recent paycheck stubs.

   b. Assets above the statutorily excluded amount will be considered exceeding allowable assets and may result in the denial of a charity care discount. However the following assets will be excluded from consideration:

      i. Retirement accounts and IRS-defined deferred compensation plans both qualified and non-qualified.
      ii. The first $10,000 of all monetary assets.
      iii. 50% of all monetary assets above $10,000.
      iv. The patient's primary family residence.

3. A High Medical Cost Patient is eligible for a 100% Charity Discount on outstanding patient liability amounts if his or her family income is at or below 350% of the FPL, and his or her out-of-pocket medical expenses in the prior twelve (12) months (whether incurred in or out of any hospital) has exceeded 10%

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of his or her family income. Eligibility for such discounts will be reevaluated as necessary to satisfy the prior twelve month test.

4. Accounts for Self Pay Patients and High Medical Cost Patients who meet the eligibility criteria noted above for charity care discounts may be submitted to QueensCare, a public benefit charity, or Good Hope, a private charitable grant, when appropriate. Patients whose accounts will be submitted to QueensCare will be required to complete and sign a QueensCare certification. Good Hope patients will be required to pay a nominal amount towards their greatly discounted services.

5. Homeless patients (which includes all patients who indicate they have no address) will be asked if they would accept a referral to a program such as People Assisting the Homeless (PATH) which provides follow-up medical care after discharge through its outpatient clinic and provides a post office box service to facilitate follow-up communication with the patient. GSH will provide a brochure to the patient listing the services that PATH or a similar program provides. Homeless patients who accept the referral to PATH or similar programs will be asked to sign the "Referral Acceptance Confirmation Form" indicating acceptance of the referral. The patient will be given a copy of the signed document and the signed original will be placed in the patient's medical record. Staff facilitating discharge planning should make the appropriate contact with PATH or the similar program to help arrange follow-up. The GSH discharge planner shall send PATH or the similar program a referral form and a mailbox referral form so that the patient can be registered for postal services and facilitate follow-up care with GSH when the patient presents to the clinic for continuing care.

6. Patients will be offered an extended payment plan if they indicate they cannot pay their discounted bills. The terms of the payment plan will be negotiated by the hospital and the patient. Extended payment plans will be interest-free. If agreement cannot be reached on a payment plan, the hospital may require payment using the "reasonable payment formula" which "means monthly payments that are not more than 10 percent of a patient's family income for a month, excluding deductions for essential living expenses. 'Essential living expenses' means … expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses."

SELF PAY CHARITY DISCOUNT

Self Pay Patients who do not qualify for any third party payor benefits or other health coverage programs may be offered discounted Cash Price rates. See Cash Price Policy. The difference between the full costs of rendering the service and the discounted rate the patient owes is classified as charity care.

PATIENT BILLING AND COLLECTION PRACTICES

1. GSH will strive to assure that patient accounts are processed fairly and consistently. All patients will be treated with dignity, compassion and respect. Our debt collection practices will be consistent with these principles.

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2. Patients who have not provided proof of coverage at or before the time care is provided will receive a statement of full charges for services rendered at the hospital. Included with that statement will be a request to provide the hospital with health insurance information. In addition, the patient will be sent a notice that they may be eligible for Medicare, Medi-Cal, Healthy Families, California Health Benefit Exchange, Los Angeles County Indigent Patient Program, California Children Services (CCS), charity, or a self pay discount. This notice will include the contact information (name and telephone number) for a hospital employee or office to obtain additional information, including how the patient can obtain the appropriate application forms. It will also include a statement on how patients may obtain applications for Medi-Cal, Healthy Families, coverage through the California Health Benefit Exchange, the Los Angeles County Indigent program and any other state or country funded health coverage programs, and that the hospital will provide these forms. The notice must also include a referral to a local consumer assistance center housed at legal services offices. Patients who do not have coverage will be provided with applications for Medi-Cal, Healthy Families and other state or county-funded health coverage programs and any charitable assistance programs that might offer financial assistance. This shall be in addition to the notice provided prior to discharge if the patient has been admitted or to patients receiving emergency or outpatient care.

3. If the patient does not respond to the above statement and notice within thirty (30) days, a second statement reflecting full charges will be mailed to the patient/guarantor address along with the information requesting insurance information and offering the option of applying for self pay charity care discounts. If the patient again does not respond within another 30 days, the hospital will assume that the patient is not eligible for any coverage through personal or group health insurance and is not eligible for any third party payor benefits (e.g., Medicare, Medi-Cal, the Healthy Families program, California Health Benefit Exchange, Los Angeles County Indigent Patient Program, California Children's Services (CCS), Victim of Crime (VOC), worker's compensation, State funded California Healthcare for Indigent Program (CHIP); and coverage for accidents (TPL).) Unless there is evidence to the contrary, the Hospital may assume that the patient is eligible for a charity discount and adjust the patient's account with a charitable discount. Subsequent statements will reflect these discounted rates.

4. If a patient is attempting to qualify for eligibility under the hospital's charity care and discount policy, and is attempting in good faith to settle the outstanding bill, the hospital shall not send the unpaid account to any collection agency or other assignee unless that entity has agreed to comply with this policy.

5. Eligibility for Self Pay Charity discounts, Charity Care Discounts, and High Medical Expense may be determined at any time the Hospital has received all the information it needs to determine the patient's eligibility. Patients are required promptly to report to GSH any change in their financial information.

6. GSH or its contracted collection agencies will undertake reasonable collection efforts to collect amounts due from patients. These efforts include assistance with application for possible government program coverage, evaluation for charity care eligibility, offers of self pay discounts and extended payment plans. GSH will not impose wage garnishments or liens on primary residences. This does not preclude GSH or its contracted collection agencies from pursuing reimbursement from third party liability settlements or other legally responsible parties.

7. Agencies that assist the hospital in billing outstanding amounts from patients must sign a written agreement that they will adhere to the hospital's standards and scope of practices.

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The agency must also agree:

a. Not to report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after initial billing.

b. Not use wage garnishment, except by order of the court upon noticed motion, supported by a declaration file by the movant identifying the basis for which it believes that the patient has the ability to make payment on the judgment under the wage garnishment, which the court shall consider in light of the size of the judgment and additional information provided by the patient prior to, or at, the hearing concerning the patient's ability to pay, including information about probable future medical expenses based on the current condition of the patient and other obligations of the patient.

c. Not place liens on primary residences.

d. Adhere to all requirements in California and Federal law.

8. If a patient is overcharged, the hospital shall reimburse the patient the overcharged amount. Interest will be paid on the overcharged amount. Interest will be based on the prevailing interest rate and calculated from the date the overpayment was received.

APPLICABILITY TO EMERGENCY AND OTHER PHYSICIANS

Emergency physicians who provide emergency services at the Hospital are also required to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the federal poverty level as appropriate to maintain their financial and operational integrity. In general, the Hospital will require doctors who staff the emergency room and who serve on the emergency call panel to maintain contracted status with the plans that also contract with the Hospital and to offer discounts to patients consistent with this Charity Care and Discount Policy.

DISPUTES

Patients may disagree with the determination of their eligibility for a charity discount. A patient may request a review of the determination from the Director of Patient Financial Services. A final decision will be made within 15 days of the patient's request for review.

REPORTING PROCEDURES

GSH's Charity Care and Discount Policy will be provided to the Office of Statewide Planning at least biennially on January 1, or when a significant change is made. If no change has been made by the hospital since the information was previously provided, the office will be informed that no change occurred.

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COMMUNICATION OF CHARITY CARE AND DISCOUNT POLICIES

GSH's Patient Financial Services shall publish and maintain the Charity Care and Discount Policy. They will also train staff regarding the availability of procedures related to patient financial assistance.

Notice of our Charity Care and Discount Policy will be posted in conspicuous places throughout the hospital including the Emergency Department, Admissions Offices, Outpatient registration areas and the Patient Business Services Department. These notices will be in English and languages spoken by at least 5% of people served (currently Spanish and Korean).

CHARITY CARE WRITE-OFFS

1. Charity Care shall include all amounts written off for Self Pay Charity Care, Charity Care, and High Medical Cost patients pursuant to this policy.

2. Patients who qualify for Medi-Cal but do not receive payments that equal the full costs of service or do not receive approval for coverage for the entire stay are eligible for **charity care write-offs**. These include charges for non-covered costs, non-covered services, denied days or denied stays. Treatment Authorization Request (TAR) denials and lack of payment for non-covered services provided to Medi-Cal patients are to be classified as charity.

3. In addition, Medicare patients who have Medi-Cal coverage for their co-insurance/ deductibles, for which Medi-Cal does not make a payment, and any amount Medicare does not ultimately provide bad debt reimbursement for will also be included as charity.

RESPONSIBILITY

Questions about financial assistance eligibility for inpatient services should be directed to the Eligibility Coordinator at (213) 482-2719. Questions about financial assistance eligibility for emergency services should be directed to the Eligibility Coordinator at (213) 977-2421. Questions about financial assistance eligibility for outpatient services should be directed to the Patient Accounts Supervisor at (213) 482-2700.

Questions about the implementation of this policy should be directed to the Director of Patient Financial Services at (213) 482-2700.

AUTHOR

Director, Patient Financial Services

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Previous Board Approval Dates:	
Dates:	1999, 08/06, 09/07, 02/10
	01/12, 03/13, 11/17
Keywords:	Charity Care, Discount

Appendix C

Stakeholders and Data Sources

Last Name	First Name	Organization	Focus Group Participation	Prioritization Forum Participation
Aguas	Veronica	Good Samaritan Diabetes Class	8/16/2016	
Aguilar	Leslie	CHMC Cardiovascular Health Class	8/30/2016	
Andres Taylor	Coralyn	Good Samaritan Hospital		8/26/2016
Arevalo	Yadira	ECHC		8/26/2016
Bada	Katrina	Good Samaritan Hospital		8/26/2016
Boller	Robert	Project Angel Food		8/26/2016
Bonnot	Younger	Good Samaritan Diabetes Class	8/16/2016	
Boston, BS, CTR	Rosemary	Good Samaritan Hospital		8/26/2016
Carmona	Cynthia	Community Clinic Association of LA County		8/26/2016
Da Costa	Brenda	St. Vincent		8/26/2016
Duncan	Laura	Ascencia		8/26/2016
Estrada	Rossana	Herman Ostrow School of Dentistry of USC		8/26/2016
Flores	Erika	Good Samaritan Diabetes Class	8/16/2016	
Gonzalez	Pedro	CHMC Cardiovascular Health Class	8/30/2016	
Goraa	Ena	CHMC Cardiovascular Health Class	8/30/1026	
Gorman	Dale	Kids' Community Clinic of Burbank		8/26/2016
Jones	Pat	Good Samaritan Diabetes Class	8/16/2016	
Kersey	Lynn	Maternal and Child Health Access		8/26/2016
Kim	Jane	KYCC		8/26/2016
King	Janet	Good Samaritan Diabetes Class	8/16/2016	

Kothasi	Prabba	Good Samaritan Diabetes Class	8/16/2016	
Kotick	John	St. Barnanas Senior Services		8/26/2016
Lewis	Irene	Salvation Army Los Angeles Ridge Shield		8/26/2016
Lopez	Mari	Vision y Compromiso		8/26/2016
Male	Kristyn	Eisner Pediatric & Family Medical Center		8/26/2016
Nathason	Niel	USC Community Health Programs		8/26/2016
Olan	Orlando	Assure Wellness		8/26/2016
Ortiz	Marisol	CHMC Cardiovascular Health Class	8/30/2016	
Ortiz	Rosalia	CHMC Cardiovascular Health Class	8/30/2016	
Parker-Staojakovich	Carol	Herman Ostrow School of Dentistry of USC		8/26/2016
Perez	Cira	CHMC Cardiovascular Health Class	8/30/2016	
Pinto	Diana	South Central LAMP		8/26/2016
Segovia	Sherrie	Hope Street Family Center		8/26/2016
Shelley	Kimevette	Good Samaritan Diabetes Class	8/16/2016	
Sierra	Malka	American Heart Association		8/26/2016
Skylar	Lana	Dept. of Public Health, Service Planning Areas 3 & 4		8/26/2016
Thorne	Brian	Good Samaritan Hospital	8/16/2016	8/26/2016
Townsend	Sharon	Glendale Healthy Kids		8/26/2016
Vasquez	Julia	CHMC Cardiovascular Health Class	8/30/2016	
Velasquez	Gloria	Los Angeles Unified School District		8/26/2016
Yatomi	Cynthia	Good Samaritan Diabetes Class	8/16/2016	
Yonekura	Dr. M. L.	California Hospital Medical Center		8/26/2016

Category	Indicator	Data Source	Geography	Benchmark
Demographic Overview	Estimated Population	Nielsen Claritas, 2016	ZIP Code	County Average
Demographic Overview	Gender	Nielsen Claritas, 2016	ZIP Code	County Average
Demographic Overview	Age Distribution	Nielsen Claritas, 2016	ZIP Code	County Average
Demographic Overview	Median and Average Age	Nielsen Claritas, 2016	ZIP Code	County Average
Demographic Overview	Educational Attainment	Nielsen Claritas, 2016	ZIP Code	County Average
Demographic Overview	Language Spoken at Home	Nielsen Claritas, 2016	ZIP Code	County Average
Demographic Overview	Marital Status	Nielsen Claritas, 2016	ZIP Code	County Average
Demographic Overview	Household Income	Nielsen Claritas, 2016	ZIP Code	County Average
Natality	Births	California Department of Public Health, 2012	ZIP Code	State Total
Natality	Births by Mother's Age	California Department of Public Health, 2012	ZIP Code	County Average
Natality	Births by Mother's Ethnicity	California Department of Public Health, 2012	ZIP Code	County Average
Natality	Birth Weight	California Department of Public Health, 2012	ZIP Code	County Average

Category	Indicator	Data Source	Geography	Benchmark
Natality	Breastfeeding at Least 6 Months	Los Angeles County Health Survey, 2015	SPA Level	County Average
Natality	Breastfeeding at Least 12 Months	Los Angeles County Health Survey, 2015	SPA Level	County Average
Disability	Disability Status Due To Physical, Mental Or Emotional Condition, Adults	California Health Interview Survey, 2014	SPA Level	County Average
Disability	Adults Who Have Provided Care or Assistance to Another Adult In The Past Month	Los Angeles County Health Survey, 2011	SPA Level	County Average
Disability	Children 0–17 Years old with Special Health Care Needs	Los Angeles County Health Survey, 2015	SPA Level	County Average
Disability	Children 0 to 17 Years old with Special Health Care Needs by Age	Los Angeles County Health Survey, 2015	County Average	County Average
Disability	Children 0 to 17 Years old with Special Health Care Needs by Ethnicity	Los Angeles County Health Survey, 2015	County Average	County Average
Mortality	Total Deaths	California Department of Public Health (CDPH), 2010	ZIP Code	County Average
Mortality	Total Deaths, by Age Group	California Department of Public Health (CDPH), 2010, 2012	ZIP Code	County Average

Category	Indicator	Data Source	Geography	Benchmark
Mortality	Total Deaths, by Cause	California Department of Public Health (CDPH), 2010, 2012	ZIP Code	County Average
Access to Healthcare	Medical and Medicare Beneficiaries	Managed Risk Medical Insurance Board, 2012	SPA Level	County Average
Access to Healthcare	Medi-Cal Enrollment	California Department of Health Care Services (DHCS), 2011	ZIP Code	County Average
Access to Healthcare	Healthy Families Enrollment	California Department of Health Care Services (DHCS), 2012	ZIP Code	County Average
Access to Healthcare	Federally Qualified Health Centers	U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), 2012	SPA Level	County Average
Access to Healthcare	Uninsured Adults	Los Angeles County Health Survey, 2014	SPA Level	County Average
Access to Healthcare	Uninsured Children	Los Angeles County Health Survey, 2011	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Access to Healthcare	Uninsured Population	California Health Interview Survey, 2012	ZIP Level	County Average
Access to Healthcare	Lack of a Consistent Source of Primary Care for Adults	Los Angeles County Health Survey, 2015	SPA Level	County Average
Access to Healthcare	Difficulty Accessing Medical Care	Los Angeles County Health Survey, 2015	SPA Level	County Average
Access to Healthcare	Uninsured, by Age	American Community Survey, 2014	County Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Adult Alcohol Use in the Past Month	Los Angeles County Health Survey, 2015	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Number of Alcohol Outlets	California Department of Alcoholic Beverage Control (ABC), 2016	ZIP Code	County Average
Alcohol and Substance Abuse and Tobacco Use	Adults Who Reported Misusing Any Form of Prescription Drugs in the Past Year	Los Angeles County Health Survey, 2015	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Adults Who Reported Using Any Form of Marijuana in the Past Year	Los Angeles County Health Survey, 2015	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Teens Who Have Ever Tried Marijuana, Cocaine, Sniffing Glue, Other Drugs	Los Angeles County Health Survey, 2014	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Alcohol and Substance Abuse and Tobacco Use	Needed or Wanted Treatment for Alcohol or Drug Issues in the Past Five Years	Los Angeles County Health Survey, 2011	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Needed Help for Mental, Emotional, or Alcohol/Drug Issues	Los Angeles County Health Survey, 2011	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Currently Smoking	Los Angeles County Health Survey, 2015	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Tobacco Use by Age	Los Angeles County Health Survey, 2015	County Average	County Average
Alcohol and Substance Abuse and Tobacco Use	Tobacco Use by Ethnicity	Los Angeles County Health Survey, 2015	County Average	County Average
Cancer	Top 10 Cancer Sites Rates	Centers for Disease Control, United States Cancer Statistics (USCS), 2013	County Average	County Average
Cancer	Volume of Cancer Surgeries Performed	Office of Statewide Health Planning and Development (OSHPD), 2014	Hospital Level	County Average
Cancer	Cervical cancer screening (pap smear) in last 3 years	Los Angeles County Health Survey, 2015	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Cancer	Breast cancer screening (mammogram) in the last 2 years	Los Angeles County Health Survey, 2015	SPA Level	County Average
Cancer	Total Cancer-Related Deaths	California Department of Public Health, 2012	ZIP Code	State Average
Cardiovascular Disease	Heart Disease Prevalence	Los Angeles County Health Survey, 2014	SPA Level	County Average
Cardiovascular Disease	Heart Disease Management	Los Angeles County Health Survey, 2014	SPA Level	County Average
Cardiovascular Disease	Hospitalizations Resulting from Heart Failure	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	County Average
Cardiovascular Disease	Heart Disease Mortality	California Department of Public Health (CDPH), 2012	ZIP Code	State Average
Cholesterol	Cholesterol Prevalence	Los Angeles County Health Survey, 2015	SPA Level	County Average
Cholesterol	Cholesterol Management	California Health Interview Survey, 2014	SPA Level	County Average
Hypertension	Hypertension Prevalence	Los Angeles County Health Survey, 2015	SPA Level	County Average
Hypertension	Hypertension Management	Los Angeles County Health Survey, 2014	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Hypertension	Essential Hypertension and Hypertensive Renal Disease Death Rate per 10,000 residents	California Department of Public Helath (CDPH)	ZIP Code	State Average
Hypertension	Hypertension Prevalence by Age	Los Angeles County Health Survey	SPA Level	County Average
Cultural and Linguistic Barriers	Language Spoken at Home	Nielsen Claritas, 2016	ZIP Code	County Average
Cultural and Linguistic Barriers	Difficulty Understanding Doctor	California Health Interview Survey, 2014	SPA Level	County Average
Diabetes	Diabetes Prevalence	Los Angeles County Health Survey, 2015	SPA Level	County Average
Diabetes	Diabetes Management	California Health Interview Survey, 2014	SPA Level	County Average
Diabetes	Diabetes Hospitalizations (Youth)	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	State Average
Diabetes	Diabetes Hospitalizations (Adults)	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	State Average

Category	Indicator	Data Source	Geography	Benchmark
Diabetes	Hospitalizations Resulting from Uncontrolled Diabetes	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	State Average
Diabetes	Diabetes Mortality	California Department of Public Health (CDPH), 2012	ZIP Code	State Average
Diabetes	Diabetes Prevalence by Age	Los Angeles County Health Survey, 2015	County Average	County Average
Diabetes	Diabetes Prevalence by Ethnicity	Los Angeles County Health Survey, 2015	County Average	County Average
Food Insecurity	Households with Incomes <300% Who are Food Insecure	Los Angeles County Health Survey, 2015	SPA Level	County Average
Healthy Behavior (Including Physical Activity)	Physically Active at Least One Hour Each Day in Last Week (Children)	California Health Interview Survey, 2014	SPA Level	County Average
Healthy Behavior (Including Physical Activity)	Physically Active at Least One Hour Each Day in Last Week (Teens)	California Health Interview Survey, 2014	SPA Level	County Average
Healthy Behavior (Including Physical Activity)	Ate Five or More Servings of Fruits and Vegetables in Past Day (Children)	California Health Interview Survey, 2012	SPA Level	County Average
Healthy Behavior (Including Physical Activity)	Ate Five or More Servings of Fruits and Vegetables in Past Day (Teens)	California Health Interview Survey, 2012	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Healthy Behavior (Including Physical Activity)	Ate Five or More Servings of Fruits and Vegetables in Past Day (Adults)	California Health Interview Survey, 2012	SPA Level	County Average
Healthy Behavior (Including Physical Activity)	Obtained Recommended Amount of Aerobic Exercise and Muscle-Strengthening (Children and Teens)	California Health Interview Survey, 2014	SPA Level	County Average
Healthy Behavior (Including Physical Activity)	Obtained Recommended Amount of Aerobic Exercise and Muscle-Strengthening (Adults)	California Health Interview Survey, 2014	SPA Level	County Average
Homelessness and Housing	Total Homeless	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Homeless Individuals	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Homeless Families	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Homeless Unaccompanied Minors	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Homeless Mentally Ill	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Homelessness and Housing	Homeless With Substance Abuse Issues	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Homeless With HIV	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Physically Disabled	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Hypertension	Hypertension Prevalence	Los Angeles County Health Survey, 2015	County Average	County Average
Hypertension	High Blood Pressure Management	Los Angeles County Health Survey, 2015	County Average	County Average
Hypertension	Hypertension Mortality	California Department of Public Health, 2012	ZIP Code	County Average
Hypertension	Hypertension Prevalence by Age	Los Angeles County Health Survey, 2015	County Average	County Average
Hypertension	Hypertension Prevalence by Ethnicity	Los Angeles County Health Survey, 2015	County Average	County Average
Mental Health	Unhealthy Days Resulting from Poor Mental Health	Los Angeles County Health Survey, 2015	SPA Level	County Average
Mental Health	Adults with Serious Psychological Distress in the Last Year	California Health Interview Survey (CHIS), 2014	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Mental Health	Adequate Social and Emotional Support	Los Angeles County Health Survey, 2015	SPA Level	County Average
Mental Health	Anxiety Prevalence	Los Angeles County Health Survey, 2011	SPA Level	County Average
Mental Health	Depression Prevalence	Los Angeles County Health Survey, 2015	SPA Level	County Average
Mental Health	Alcohol- and Drug-Induced Mental Illness Rate	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	State Average
Mental Health	Needed Help for Mental, Emotional, or Alcohol/Drug Issues	Los Angeles County Health Survey, 2011	SPA Level	County Average
Mental Health	Mental Health Hospitalization Rate per 100,000 persons	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	State Average
Mental Health	Suicide Rate	California Department of Public Health (CDPH), 2012	ZIP Code	State Average
Mental Health	Depression Prevalence by Age	Los Angeles County Health Survey, 2015	County Average	County Average

Category	Indicator	Data Source	Geography	Benchmark
Mental Health	Depression Prevalence by Ethnicity	Los Angeles County Health Survey, 2015	County Average	County Average
Obesity/Overweight	Overweight Adults (Age 18+)	Los Angeles County Health Survey, 2015	SPA Level	County Average
Obesity/Overweight	Obese Adults (Age 18+)	Los Angeles County Health Survey, 2015	SPA Level	County Average
Obesity/Overweight	Overweight or Obese Population (Age 12+)	California Health Interview Survey, 2012	SPA Level	County Average
Obesity/Overweight	Children Overweight for Age (Age 0-11)	California Health Interview Survey, 2012	SPA Level	County Average
Obesity/Overweight	Percent Overweight	California Health Interview Survey, 2009	ZIP Code	County Average
Obesity/Overweight	Percent Obese	California Health Interview Survey, 2009	ZIP Code	County Average
Obesity/Overweight	Overweight/Obesity Prevalence by Age	Los Angeles County Health Survey, 2015	County Level	County Average
Obesity/Overweight	Overweight/Obesity Prevalence by Ethnicity	Los Angeles County Health Survey, 2015	County Level	County Average
Oral Health	Absence of Dental Insurance Coverage, Adults	Los Angeles County Health Survey, 2011	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Oral Health	Dentist Availability	Office of Statewide Health and Planning and Development (OSHPD), 2013	County Level	County Total
Oral Health	Unable to Afford Dental Care, Adult	Los Angeles County Health Survey, 2011	SPA Level	County Average
Oral Health	Unable to Afford Dental Care, Child	Los Angeles County Health Survey, 2015	SPA Level	County Average
Oral Health	Unable to Afford Dental Care by Age	Los Angeles County Health Survey, 2011	County Level	County Average
Oral Health	Unable to Afford Dental Care by Ethnicity, Adult	Los Angeles County Health Survey, 2011	County Level	County Average
Oral Health	Unable to Afford Dental Care by Ethnicity, Child	Los Angeles County Health Survey, 2015	County Level	County Average
Poverty	Families at or Above Poverty	Nielsen Claritas, 2016	ZIP Code	County Average
Poverty	Families at or Above Poverty with Children	Nielsen Claritas, 2016	ZIP Code	County Average
Poverty	Families Below Poverty	Nielsen Claritas, 2016	ZIP Code	County Average
Poverty	Families Below Poverty with Children	Nielsen Claritas, 2016	ZIP Code	County Average
Poverty	Employment Status – In Armed Forces	Nielsen Claritas, 2016	ZIP Code	County Average
Poverty	Employment Status – Employed	Nielsen Claritas, 2016	ZIP Code	County Average

Category	Indicator	Data Source	Geography	Benchmark
Poverty	Employment Status – Unemployed	Nielsen Claritas, 2016	ZIP Code	County Average
Poverty	Employment Status – Not in Labor Force	Nielsen Claritas, 2016	ZIP Code	County Average
Poverty	Children Eligible for Free or Reduced-Price Lunch	California Department of Education	County Level	State Average
Preventive Care	Saw Doctor, Nurse, or Other Health Care Professional in the Past Year	Los Angeles County Health Survey, 2015	SPA Level	County Average
Preventive Care	Saw Dentist or Visited Dental Clinic in the Past Year	Los Angeles County Health Survey, 2015	SPA Level	County Average
Preventive Care	Preventable Hospital Events Rate per 1,000 Population (18+)	California Office of Statewide Health Planning and Development, 2012	Zip Code	County Average
Preventive Care	Have Regular Source of Care Ethnicity	Los Angeles County Health Survey, 2015	SPA Level	County Average
Preventive Care	Have Regular Source of Care Age Group	Los Angeles County Health Survey, 2015	SPA Level	County Average
Sexual Health / Sexually Transmitted Diseases	HIV Incidence per 100,000	Los Angeles County Department of Public Health, 2013	ZIP Code	County Average
Sexual Health / Sexually Transmitted Diseases	Syphilis Incidence per 100,000	Los Angeles County Department of Public Health, 2013	ZIP Code	County Average

Category	Indicator	Data Source	Geography	Benchmark
Sexual Health / Sexually Transmitted Diseases	Chlamydia Incidence per 100,000	Los Angeles County Department of Public Health, 2013	ZIP Code	County Average
Sexual Health / Sexually Transmitted Diseases	Gonorrhea Incidence per 100,000	Los Angeles County Department of Public Health, 2013	ZIP Code	County Average
Transportation	Modes of Transportation	Nielson Claritas , 2015	Zip Code	County Average
Transportation	Average Vehicles Per Household	Nielson Claritas , 2015	Zip Code	County Average
Violence/Injury/Safety	Preventable Hospitalization Rates (Under 18)	California Department of Public Health, 2012	Zip Code	State Average
Violence/Injury/Safety	Unintentional Injuries Mortality Rate	California Department of Public Health, 2012	Zip Code	State Average
Violence/Injury/Safety	Received threats of violence or physical harm from peers in past year	California Health interview Survey, 2012, SPA	SPA Level	State Average
Violence/Injury/Safety	Feared of being attacked at school in the past year	California Health interview Survey, 2012, SPA	SPA Level	State Average
Violence/Injury/Safety	Felt unsafe in nearby park or playground during the day	California Health interview Survey, 2014, SPA	SPA Level	State Average

Appendix D
Definitions of Prioritized Health Needs

1. Obesity/Overweight: Seven out of the 15 ZIP codes in the Good Samaritan service area have an obesity prevalence higher than Los Angeles County (21.2%) and five out of 15 have an overweight prevalence higher than Los Angeles County (29.7%). Approximately one in six children between the ages of 0 and 11 are overweight for their age. Obesity and overweight are associated with poverty, physical inactivity and food insecurity, and increases the risk of coronary heart disease, stroke, high blood pressure and diabetes, among other chronic diseases. Service area stakeholders related the high rates of obesity and overweight to: lack of physical activity; lack of access to affordable and safe recreational opportunities in service area communities; ease of accessibility to fast food and lack of access to healthy foods; and, lack of awareness of overweight and obesity as a precursor to disease.

2. Homelessness: One quarter of the homeless population of Los Angeles County resides in the Good Samaritan service area and the majority (87.3%) of the homeless population consists of homeless individuals (as opposed to homeless families). Nearly one third (30.5%) of the homeless population in the service area have been diagnosed with a mental illness and nearly one in four (22.3%) struggle with substance abuse issues. The service area includes areas of Downtown Los Angeles where many of the county's shelters and homeless services are located. Stakeholders explained that many more residents in the service area are at risk of becoming homeless due to housing insecurity, a trend driven by rising rent prices in many of the historically low-income communities in the service area.

3. Poverty: In 13 out of the 15 ZIP codes in the Good Samaritan service area, more than one in six[26] families are living below the poverty line. Education level is a strong predictor of income and social mobility, and in the service area, two out of every five residents have only a high school education or less in all of the 15 ZIP codes. Stakeholders explained that in the service area, low income and low education levels mean lack of access to reliable transportation and a clean and stable living environment—factors that, when combined with lack of connectedness with social services and health care services can create structural barriers to health care and set the stage for chronic, untreated illness and poor health behaviors.

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[26] In Los Angeles County, 14.9% of families live below poverty.
Good Samaritan Hospital, Los Angeles
Community Benefit Implementation Plan FY 2017

4. Diabetes: Eleven out of the 15 ZIP codes in the Good Samaritan service have higher adult diabetes hospitalization rates than California (142.6 cases per 100,000 people). In fact, rates are as high as 449.1 per 100,000 (ZIP code 90014). Diabetes is linked to an unhealthy lifestyle and comorbid with obesity, and is a risk factor for coronary heart disase and stroke. Recent research indicates an association with cancer risk. Stakeholders explained that in the service area, poor diet—driven by both economic and cultural forces—drives high diabetes rates. Stakeholders called for ongoing and increased education efforts around healthy and affordable eating practices, including breastfeeding for at least 6 months after the birth of a child.

5. Mental Health: Fourteen out of the 15 ZIP codes in the Good Samaritan service area have rates of mental health hospitalizations that are higher than the overall rate in California (294.8 per 100,000 population). Poor mental health may increase the risk of substance use disorders, and is associated with the prevalence, progression and outcomes of chronic diseases. Stakeholders explained that factors including cultural taboos around mental health combined with the high costs of care may create barriers to access for large groups of the resident population.

6. Violence and Injury: Three out of the 15 ZIP codes in the Good Samaritan service area have higher rates of unintentional injury mortality than the state of California overall (2.8 per 10,000). Stakeholders expressed a concern about possibly high rates of unreported domestic violence in the service area and also highlighted the ongoing need to intervene with young people at an early age to reduce gang violence.

7. Oral Health: More than one in three (37.1%) residents in the Good Samaritan service area struggle to afford dental care—more than in Los Angeles County (30.3%). Stakeholders indicated that cost of services and lack of insurance coverage for oral health are significant barriers to oral care. Subpopulations including the elderly and indigent, children, and the homeless have a particularly difficult time accessing oral care in the service area.

8. Preventive Care: Seven out of 15 ZIP codes in the Good Samaritan service area have higher preventable hospitalization rates than Los Angeles County (11.7 preventable hospitalizations per 1,000 people), and three ZIP codes have rates nearly twice as high as the County. Potentially preventable hospitalizations are admissions to a hospital for acute illness or worsening chronic conditions that may have been prevented through timely treatment by primary care providers in outpatient settings. Stakeholders identified a number of issues that make it difficult for residents to connect with preventive and maintenance health treatment in a timely manner, including lack of insurance and changes in health insurance policies, difficulty in connecting and/or

accessing medical specialists, and lack of awareness of preventive care services.

9. Food Insecurity: Nearly one third (32.1%) of households with incomes less than 300% of the poverty level in the Good Samaritan service area were food insecure, meaning that at times their normal eating patterns were disrupted because the household lacked money and other resources for food. Stakeholders explained that food insecurity in the service area stems from a combination of very low family incomes and lack of affordable healthy food. Food insecurity is associated with chronic diseases including hypertension and other cardiovascular risk factors.

10. Alcohol, Substance Abuse and Tobacco Use: The percentage of residents in the Good Samaritan service area who reported misusing any form of prescription drugs in the last year (7.0%), and the percentage of teens who have ever tried marijuana, cocaine or other drugs (20.7%) were both above the Los Angeles County benchmarks (5.5% and 14.7%). Stakeholders explained that access to treatment for alcohol and substance abuse is a challenge in the service area for several reasons including the high costs and access to treatment and limited capacity of inpatient treatment facilities. Stakeholders identified the large homeless population as a group with a particularly critical need for alcohol and substance abuse services.

11. Cardiovascular Disease, including High Cholesterol and Hypertension: Five out of 15 ZIP codes in the Good Samaritan service area have higher rates of heart disease mortality than Los Angeles County overall (15.5 deaths per 10,000 residents). In two ZIP codes (90014, 90021), the mortality rate is twice as high as the Los Angeles County rate. Seven out of 15 ZIP codes are above the Los Angeles County rate (0.97 per 10,000 residents) of deaths from essential hypertension and hypertensive renal disease. Unhealthy diet, harmful use of alcohol, obesity and physical inactivity are risk factors for both cardiovascular disease and hypertension. Recent research has indicated that breastfeeding has protective effects against heart disease. Stakeholders called for expanded education around the underlying causes of cardiovascular diseases and education around culturally responsive healthy eating practices, including breastfeeding over formula feeding.

12. Access to Care: In all of the 15 ZIP codes in the Good Samaritan service area, more than one in five residents are uninsured, a slightly higher rate of uninsurance than that of Los Angeles County (19.5% uninsured). In 13 of the 15 ZIP codes, more than one of every four residents (25%) lack access to health insurance. Stakeholders explained that high uninsurance rates may be linked to the comparatively low income level of the service area, the large incidence of undocumented residents in

the service area, and the cultural and linguistic diversity which requires targeted and specific insurance outreach and enrollment efforts.

13. Healthy Behaviors (Including Physical Activity): While approximately the same proportion (55.6%) of children in the Good Samaritan service area ate five or more servings of fruits and vegetables a day as in Los Angeles County (55.4%), notably fewer teens in the service area (13.5%) maintained these habits compared to teens in Los Angeles County (19.7%). Stakeholders explained that time constraints, costs of healthy food, and easy access to cheap, unhealthy food contribute to poor eating behaviors in the service area: stakeholders called for the expansion of nutrition education programs, particularly for new mothers.

14. Cultural and Linguistic Barriers: Eleven out of 15 ZIP codes in the Good Samaritan service area have a larger population rate per capita who speak a language other than English at home than in Los Angeles County overall. In six of the 15 ZIP codes, three out of four residents speaks a language other than English at home. Over 75% of the resident population is Latino or Asian. The Latino population may speak Spanish or one of a number of indigenous languages, and the Asian population may speak Mandarin, Cantonese, Tagolog, Japanese, Hindi, Bengali, Korean, Vietnamese, Khmer, or another Asian language. Because of the great cultural and linguistic variation of the service area, stakeholders called attention to the need for greater understanding among the health care community of the ways in which culture among non-majority populations—including language, gender dynamics, social roles and traditional health care beliefs—impacts relationships between health care providers and patients as well as the implementation of health care recommendations beyond the doctor visit.

15. Transportation: Residents in the Good Samaritan service area rely on public transportation at rates over three times that of Los Angeles County residents overall (24.2% compared to 7.1% of the population). In addition, over twice as many residents in the Good Samaritan service area as in Los Angeles County walk and use bicycles for transportation. Stakeholders explained that the heavy reliance on public transportation serves as a barrier to care for residents because of extended travel times—particularly in the case of residents whose affordable health insurance plans assign primary care providers that are very distant from home. In addition, reliance on public transportation limits access to care for the elderly, indigent and low-income populations.

16. Cancer: Five of 15 ZIP codes in the Good Samaritan service area had rates of mortality due to cancer that were above the Los Angeles County rate (23.7%). Stakeholders observed that they see gaps in continuity in care for cancer patients among low-income populations and among populations whose cultural backgrounds differ from the

norm in the health care environment. Stakeholders identified a need for outreach to increase rates of preventive cancer screenings among the resident population, to increase residents' understanding of the types of cancer care covered by affordable insurance plans, and to maintain continuity of care for cancer patients.

17. Sexually Transmitted Diseases: HIV, syphilis, chlamydia and gonorrhea incidence rates are higher in the Good Samaritan service area than in Los Angeles County overall. Specifically, the HIV incidence rate in the service area is nearly three times that of Los Angeles County. Many studies document an association between sexually transmitted diseases (STDs) and substance abuse, and STDs have a negative impact on reproductive health as well as fetal and perinatal health. Stakeholders raised a concern about an increase in STD incidence among teenagers in the service area, and called for an expansion of preventive education.

Appendix E

Scorecard

DATA INDICATOR	Year of Data	Healthy People 2020 Target	Comparison Level	Comparison Average	CHMC Service Area Average	GSH Service Area Average	SVMC Service Area Average	Stakeholder Mention
PHYSICAL AND SOCIAL DETERMINANTS								
Demographics								
Percent of adults who completed high school†	2016		LAC	76.8%	67.7%	69.0%	64.2%	
Percent of adults who are employed†	2016		LAC	57.6%	58.0%	54.6%	55.4%	
Average income per household†	2016		LAC	$78,309	$53,147	$54,977	$52,964	
Median income per household†	2016		LAC	$54,514	$35,802	$31,484	$34,616	
Average household size†	2016		LAC	3.0	2.7	2.1	2.9	
Births and Neonatal Care								
Births to teens (mothers under 20 years of age)†	2012		LAC	7.0%	9.3%	8.4%	10.6%	
Percent of low weight (<2,500 grams) births per 100 live births†	2012		LAC	6.7%	7.4%	7.6%	7.6%	
Breastfeeding (At Least 6 Months)†	2015		LAC	49.7%	51.9%	53.9%	49.7%	
Breastfeeding (At Least 12 Months)†	2015		LAC	27.6%	26.8%	26.0%	28.0%	
HEALTH OUTCOMES								
Cancers								*
Rate of cancer mortality per 100,000 adults†	2012		CA	15.1	13.2	12.0	12.8	
Breast cancer incidence rate per 100,000 adults*	2013		CA	64.6	63.3	63.3	63.3	
Breast cancer mortality Rate per 100,000 adults*	2013		CA	11.0	3.4	3.4	3.4	
Colon and rectum cancer incidence rate per 100,000 adults*	2013		CA	36.5	36.6	36.6	36.6	
Colon and rectum cancer mortality Rate per 100,000 adults*	2013		CA	13.4	13.6	13.6	13.6	
Leukemia incidence rate per 100,000 persons*	2013		CA	12.4	11.3	11.3	11.3	
Leukemia mortality rate per 100,000 persons*	2013		CA	6.4	6.0	6.0	6.0	
Lung cancer incidence rate per 100,000 persons*	2013		CA	43.3	35.2	35.2	35.2	
Lung cancer mortality rate per 100,000 persons*	2013		CA	32.3	27.0	27.0	27	
Pancreatic cancer incidence rate per 100,000 persons*	2013		CA	11.8	11.5	11.5	11.5	
Pancreatic cancer mortality rate per 100,000 persons*	2013		CA	10.7	6.9	6.9	6.9	
Prostate cancer incidence rate per 100,000 persons*	2013		CA	98.0	88.5	88.5	88.5	
Prostate cancer mortality rate per 100,000 persons*	2013		CA	19.5	10.8	10.8	10.8	
Cardiovascular Disease								
Percent of adults receiving heart disease management services from a care provider^	2014		LAC	55.5%	61.3%	61.1%	60.0%	
Percent of heart disease prevalence^	2014		LAC	5.7%	2.7%	3.5%	6.0%	
Rate of cardiovascular disease mortality per 10,000 adults†	2012		CA	15.5	14.9	16.3	14.3	
Rate of heart disease hospitalization per 100,000 adults†	2012		LAC	366.6	376.6	398.2	403.6	
Cholesterol								*
Percent of adults 18 and older ever diagnosed with high cholesterol^	2015		LAC	25.2%	24.6%	25.1%	24.0%	
Diabetes								*
Percent of adults 18 and older ever diagnosed with diabetes^	2015		LAC	9.8%	11.5%	11.7%	11.8%	
Percent of adults who feel confident in their ability to manage their diabetes^	2014		LAC	56.9%	25.2%	33.2%	53.9%	
Rate of adult diabetes hospitalizations per 100,000 adults†	2012		LAC	171.7	203.9	221.8	241.1	
Rate of diabetes mortality per 10,000 adults†	2012		CA	2.1	2.7	2.5	2.7	
Rate of hospitalizations for uncontrolled diabetes per 100,000 adults†	2012		LAC	14.1	18.9	21.2	21.0	
Rate of youth diabetes hospitalizations per 100,000 Persons	2012		LAC	27.7	21.8	17.9	24.1	
Hypertension								*
Percent of adults ever diagnosed with high blood pressure^	2015	<=26.9%	LAC	23.5%	23.2%	22.8%	23.6%	
Percent of adults taking any medications to control their high blood pressure^	2014	<=69.5%	LAC	67.2%	63.9%	64.2%	62.3%	
Rate of hypertension mortality per 10,000 adults†	2012		CA	15.5	14.9	16.3	14.3	
Mental Health								*
Average number of poor mental and/or physical health days in the past month reported by	2015		LAC	2.3	2.6	2.7	2.6	
Percent of adults 18 and older ever diagnosed with depression^	2015		LAC	13.0%	14.5%	15.3%	14.6%	
Percent of adults who received adequate social an emotional support^	2015		LAC	64.0%	59.6%	59.4%	59.1%	
Rate of adult alcohol and drug induced mental illness per 100,000 adults†	2012		LAC	125.8	108.8	186.5	116.8	
Rate of adult mental illness hospitalizations per 100,000 adults†	2012		LAC	677.0	880.7	1384.0	906.2	
Rate of suicides per 10,000 adults†	2012	<=1.0	LAC	0.4	1.1	1.7	1.1	
Rate of youth (under 18) Mental Illness hospitalizations per 100,000 adults†			LAC	377.1	403.7	444.3	410.2	
Obesity/Overweight								*
Percent of adults who are obese^	2015	<=30.5%	LAC	23.5%	22.3%	24.3%	28.5%	
Percent of adults who are overweight^	2015		LAC	35.9%	34.6%	34.2%	34.2%	
Percent of children 2-11 years old who are overweight^	2014		LAC	13.1%	15.7%	19.0%	12.5%	
Percent of teens 12-17 years old who are overweight or obese^	2014		LAC	29.3%	32.6%	33.1%	30.9%	
Oral Health								
Percent of children (age 3-17 years) who were unable to afford dental care and check-ups in the past year	2015		LAC	11.5%	13.5%	14.6%	12.4%	
Percent of adults who reported seeing a dentist in past year	2015		LAC	59.3%	54.5%	56.7%	51.5%	
Sexually Transmitted Diseases								
Chlamydia incidence rate*	2013		CA	453.4	539.9	539.9	539.9	
Gonorrhea incidence rate*	2013		CA	116.8	150.3	150.3	150.3	
Syphilis incidence rate*	2013		CA	9.9	11.8	11.8	11.8	

Legend
†Data from secondary sources aggregated using ZIP codes in the hospital service area
^Data from secondary sources reflecting the entire Service Planning Area (SPA)
*Data reflect the county level
An *italicized indicator* denotes qualitative data collected in the community focus group
Comparison levels: CA - California   LAC - LA County

HEALTH DRIVERS

Indicator	Year	Benchmark	Source	Value	California Hospital	Good Samaritan	St. Vincent	*
Access to Care								*
Adults uninsured^	2014		LAC	20.0%	25.9%	26.6%	26.1%	
Children uninsured^	2014		LAC	4.4%	5.4%	5.1%	3.9%	
Adults regular source of care^	2015		LAC	80.3%	77.3%	76.9%	77.5%	
Children regular source of care^	2015		LAC	94.3%	92.1%	90.6%	93.6%	
Percent of adults 18 and older who had a difficult time accessing medical care^	2015		LAC	23.6%	29.1%	29.3%	29.5%	
Percent who visited the emergency room in the past 12 months^	2014		CA	17.4%	18.3%	16.3%	20.3%	
Alcohol and Substance Abuse, and Tobacco Use								
Percent of adults 18 and older who reported binge drinking in the past month^	2015		LAC	15.9%	17.5%	16.9%	15.5%	
Percent of adults 18 and older who are currently smoking^	2015		LAC	13.3%	13.8%	13.9%	13.6%	
Percent of adults 18 and older who reported they needed or wanted treatment for alcohol or drug program (excluding tobacco) in the past 5 years^	2014		LAC	18.0%	19.6%	20.6%	18.3%	
Percent of teens 12-17 who used marijuana in the past year^	2012		LAC	9.4%	13.1%	14.7%	10.7%	
Percent of adults who used marijuana in the past year^	2015		LAC	11.6%	13.9%	14.5%	13.2%	
Rate of alcohol/drug induced mental disease hospitalizations per 100,000 adults†	2012		LAC	125.8	108.8	186.5	116.8	
Cultural and Linguistic Barriers								*
Had a hard time understanding doctor^	2016		LAC	3.2%	3.6%	3.8%	3.6%	
Percent of population who speak a language other than English at home†	2016		LAC	56.8%	68.1%	66.5%	67.1%	
Food Insecurity								*
Not able to afford enough food (food insecure)^	2014		LAC	39.5%	48.7%	50.8%	47.1%	
Currently receiving food stamps^	2014		LAC	18.7%	19.5%	19.1%	20.9%	
Percent of households <300% federal poverty level that are food insecure^	2015		LAC	29.2%	32.0%	32.1%	32.0%	
Healthy Behaviors								*
Aerobic exercise and muscle strengthening (adults age 18+)^	2015		LAC	34.1%	33.5%	33.0%	31.7%	
Aerobic exercise and muscle strengthening (children age 6-17)^	2015		LAC	17.7%	16.4%	16.4%	16.9%	
Percent of adults (18+ years old) who reported binge drinking (in the past month)^	2015		LAC	15.9%	17.5%	16.9%	15.5%	
Percent of adults who use walking paths, parks, playgrounds, or sports fields in their neighborhood^	2015		LAC	47.5%	45.3%	46.8%	43.5%	
Percent of children 17 and under who reported drinking at least one soda or sweetened drink per day^	2015		LAC	39.2%	35.5%	38.0%	44.3%	
Percent of adults 18 and older who reported eating five or more servings of fruit and vegetables per day^	2015		LAC	14.7%	15.9%	14.8%	12.6%	
Homelessness								*
Number of homeless persons^	2016		LAC	43,854	9,709	11,074	8,622	
Physical Activity								*
Aerobic exercise and muscle strengthening (adults age 18+)^	2015		LAC	34.1%	33.5%	33.0%	31.7%	
Aerobic exercise and muscle strengthening (children age 6-17)^	2015		LAC	17.7%	16.4%	16.4%	16.9%	
Percent of adults who use walking paths, parks, playgrounds, or sports fields in their neighborhood^	2015		LAC	47.5%	45.3%	46.8%	43.5%	
Rate of open space per 10,000 children 0-5 years old†	2013		CA	259.1	1.3	0.4	0.2	
Poverty (including unemployment)								*
Percent of families living below poverty†	2016		LAC	14.9%	27.2%	25.0%	28.2%	
Percent of families with children living below poverty†	2016		LAC	11.5%	21.5%	18.8%	22.9%	
Percent of Civilians (Age 15+) Unemployed*	2016		LAC	6.9%	8.2%	8.0%	8.2%	
Prenatal Care, Child and Maternal Health								
Prenatal care in the first trimester	2012	77.90%	LAC	81.9%	-	79.3%	-	
Low birth weight	2012	5.6%	CA	5.6%	-	6.1%	-	
Breastfeeding at least 6 months	2015	>=60.6%	LAC	49.7%	-	57.9%	-	
Preventative Care								*
Percent of adults (18+ years old) who reported seeing a doctor, nurse or other health care professional (HCP) for any reason in the past year^	2015		LAC	70.7%	65.5%	64.7%	66.0%	
Percent of women that had a cervical cancer screening in the last 3 years^	2015	<=93%	LAC	84.4%	78.8%	79.5%	81.9%	
Percent of women that had a mammogram in the last 2 years^	2015	<=81.1%	LAC	77.3%	78.1%	78.3%	77.5%	
Transportation								*
Number of vehicles per household†..	2016		LAC	1.8	1.2	1.0	1.3	
Average household size†	2016		LAC	3.0	2.7	2.1	2.9	
Percent of residents that car pooled, rode public transit, walked, biked, or other (minus "worked at home" and "drove alone")†	2016		LAC	22.3%	38.7%	44.7%	37.5%	
Violence/Injury								
Unintended injury mortality rate per 10,000 adults	2012		CA	2.8	2.1	2.6	1.9	
Percent of adults 18 and older who perceive their neighborhood to be safe from crime^	2015		LAC	84.0%	64.3%	68.1%	58.4%	

Footnotes:
* = Denotes that a participant identified the health outcome or driver during the stakeholder input process.

CALIFORNIA HOSPITAL MEDICAL CENTER SERVICE AREA:
90003 (South Los Angeles, SPA 6)
90006 (Pico Heights, SPA 4)
90007 (South Los Angeles, SPA 6)
90011 (South Los Angeles, SPA 6)
90015 (Downtown Los Angeles, SPA 4)
90016 (West Adam, SPA 6)
90018 (Jefferson Park, SPA 6)
90019 (Country Club Park/Mid City, SPA 4)
90037 (South Los Angeles, SPA 6)
90044 (Athens, SPA 8)
90062 (South Los Angeles, SPA 6)
90071 (ARCO Towers, SPA 4)

GOOD SAMARITAN HOSPITAL SERVICE AREA:
90004 (Hancock Park, SPA 4)
90005 (Koreatown, SPA 4)
90006 (Pico Heights, SPA 4)
90007 (South Los Angeles, SPA 6)
90010 (Wilshire, SPA 4)
90012 (Chinatown, SPA 4)
90013 (Downtown Los Angeles, SPA 4)
90014 (Los Angeles, SPA 4)
90015 (Downtown Los Angeles, SPA 4)
90017 (Downtown Los Angeles, SPA 4)
90018 (Jefferson Park, SPA 6)
90020 (Hancock Park, SPA 4)
90021 (Downtown Los Angeles, SPA 4)
90026 (Echo Park/Silverlake, SPA 4)
90057 (Westlake, SPA 4)
90071 (ARCO Towers, SPA 4)

ST. VINCENT MEDICAL CENTER SERVICE AREA:
90004 (Hancock Park, SPA 4)
90005 (Koreatown, SPA 4)
90006 (Pico Heights, SPA 4)
90007 (South Los Angeles, SPA 6)
90008 (Baldwin Hills/Crenshaw, SPA 6)
90010 (Wilshire, SPA 4)
90011 (South Los Angeles, SPA 6)
90016 (West Adam, SPA 6)
90017 (Downtown Los Angeles, SPA 4)
90018 (Jefferson Park, SPA 6)
90019 (Country Club Park/Mid City, SPA 4)
90020 (Hancock Park, SPA 4)
90026 (Echo Park/Silverlake, SPA 4)
90027 (Griffith Park/Los Feliz, SPA 4)
90028 (Hollywood, SPA 4)
90029 (Downtown Los Angeles, SPA 4)
90031 (Montecito Heights, SPA 4)
90037 (South Los Angeles, SPA 6)
90044 (Athens, SPA 8)
90046 (Mount Olympus, SPA 4)
90057 (Westlake, SPA 4)